State of New York Travel Voucher											Voucher Number						
Originating Agency Payment Date MM/DD/YY								Agen	cy Code	Inte	Interest Eligible Y/N N						
								OSC Use Only					Liability	Date MM/D	D/YY		
Payee ID Additional Zip Code								Route Payee			Amount	mount MIR Date MM/DD/YY					
Payee Name (Last)							MI	Space	Suffix	IRS Code IRS Ar			mount				
Addre	SS				8					Stat Typ	be	Statistic	Indica	ator Dept	Ind Sta	atewide	
Address										Ref/Inv Number (14 additional spaces)							
City State Zip										Ref/Inv Number (14 additional Spaces)							
Purpose of Travel										Official Station							
Destir	nation (including o	county)								Resider	nce						
Depart	ure Date and Time			Return D	ate a	nd Time			Neg L	Jnit	Travel	□Yes	Paid by	□Yes	Corporate		
1.) Indicate All Travel Expenses – Use detail sheet if necessary									Totals	Advance	□No 2.) S	Direct Bi ummary	II □No	Card Use			
Lodging												A. Total Travel Expenses B. Subtract Amount Billed					
Transportation									Directly to Agency (Amex) Other Direct Bill to Agency								
													tract Amou	nt Paid with			
Meals												Travel Advance D. Other Adjustments (Specify)					
												(00000	,				
Mileag	e	@		¢ per n	nile =												
Incider	ntal Expenses (List)																
								raval					Total A	nount To bo			
Total Travel Expe Enter in Section 2 Payee's Certification											Total Amount To be Reimbursed to Travele State Comptroller's Audit						
been pa	y certify that the abov id, except as stated th is claimed were necess	nerein, and t	and attac that the	ched schedu balance the	les are rein st	e just, true a ated is actu	ually du	ie and o				For Payme					
						-					Lcertify			ance Office U		nent is	
Signature Title Supervisor's Certification								Date			I certify that this claim is correct and just, and that this payment is approved						
	aimant's supervisor, o the amounts claimed t										Author	ized Signatu	re				
Sigr	ature of Supervisor			Ť	itle				Date		Title				D	ate	
	T. T. T.				oendi	ture								Liquidation	l		
Dept	Cost Center Co Cost Center Unit	ode Var	Yr	Objec	t	Dept.	Accum Stat	tewide	-	Amount	· 1	Orig. Age	ncy	PO/Contract	Lin	e F/I	
							1										
	1	1					1		1								