AC 132-S (Effective 9/17)

State of New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Voucher No.

Agency Name & Code SUNY COLLEGE AT CORTLAND (28170)		**Account Number**	
Employee ID	**Official Station Address**	**Official Station Zip**	
Last Name	**First Name**	**MI**	**Suffix**
Home Address	**City**	**State**	**Zip**
Business Purpose			
Destination Address (Street, City, State, Zip)		**Check if used:** ☐P-Card ☐Advance ☐Direct Bill ☐Travel Card	
Travel Start Date and Time (AM/PM)	**Travel End Date and Time (AM/PM)**		

1. Indicate All Travel Expenses (If more space is required in any section, use the associated detail form (number shown in parenthesis below))	**Totals**	**2. Summary**	**Amount**
Lodging		**A. Total Travel Expenses**	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC 3259-S)		**C. Subtract Amount Billed to Corp Card (AC 3256-S)**	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S Per Diem Calculator — Overnight Per Diem @ $ each =			
Additional Breakfast @ $ each + Additional Dinner @ $ each =			
Day Trip Breakfast @ $ each + Day Trip Dinner @ $ each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (from AC 160-S or Trip Calculator) @ **0.725** ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
Total Travel Expenses – Enter in Section 2 Line A		**Total Amount Claimed**	

Traveler's Certification

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary an incurred in the performance of my official duties.

Signature | Printed Name | Title | Date

Supervisor's Certification (if required)

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of aSupervisor | Printed Name | Title | Date

FOR TRAVEL OFFICE USE ONLY

Travel Authorization on file? ◯Yes ◯No
OTM on file? ◯Yes ◯No ◯N/A
Limited Funding? ◯Yes ◯No