

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name Binghamton University		Business Unit/Department Code SNY01/	
Employee ID N	Official Station Address Binghamton		Official Station Zip 13902
Last Name		First Name	MI Suffix
Home Address		City	State Zip
Business Purpose		Travel Description	
Start Location Street (City, State)		Start Location Zip	Check if used: Travel Agency
Destination Location Street (City, State)		Destination Location Zip	
Travel Start Date and Time		Travel End Date and Time	

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
If more space is required in any section, use the associated detail form (number shown in parenthesis below)			
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Billed to Corp Card (AC 3256-S)	
Transportation (AC 3259-S)		C. Other Direct Bill to Agency (Specify)	
		Funding Source 1	
Meals (AC 3258-S) Overnight Per Diem @ \$ each =		Funding Source 2	
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =		Funding Source 3	
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
Mileage Claimed (AC 160-S) @ ¢ 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
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 Supervisor
Title
Date

FOR AGENCY USE ONLY	Expense Report Number	Travel Auth. Code
Entered by	Date	