AC 132-S (Effective 9/17)

State of New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name Binghamton University					Business Unit/Department Code SNY01/			
Employee ID	Official Station Address			GIVION	Official Station Zip			
N B			ton			13902		
Last Name F			ame			MI		Suffix
Home Address			City			Stat	е	Zip
Business Purpose	Tra	Travel Description						
Start Location Street (City, State) Start Location Zip					Check if used:			
			Destination Location Zip			Travel Agency		
Destination Location Street (City, State)			ination Locati	on Zip				
Travel Start Date and Time	Travel End Date and Time							
1. Indicate All Travel Expenses If more space is required in any associated detail form (number below)	n, use the in parenthesis Totals 2.			2. Summary	2. Summary Amount			
Lodging	A. 1		A. Tota	otal Travel Expenses				
					B. Subtract Amount Billed to Corp Card (AC 3256-S)			
Transportation (AC 3259-S)					er Direct Bill to (Specify)			
					Funding Source 1			
Meals (AC 3258-S) Overnight Per Diem	(@ \$	each =		Funding	g Source 2		
Additional Breakfast @ \$ each + Additional Dinner	(@\$	each =		Funding	g Source 3		
Day Trip Breakfast @ \$ each + Day Trip Dinner	(@ \$	each =					
Mileage Claimed (AC 160-S)	¢ţ	per mile =						
Incidental Expenses – List (AC 3258-S)								
Total Travel Expenses – Enter in Section 2 Line A					Tota	al Amount Claim	ned	
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								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					Date			
FOR AGENCY USE ONLY Expense Report Number		Travel Auth. Code						
Entered by								