

State
of
New York

CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE

Agency traveled for

OFFICE OF GENERAL SERVICES

Vendor ID

Vendor Name

Last Name

First Name

MI

Suffix

Address

City

State
NY

Zip

Business Purpose

School Lunch Advisory Council Meeting

Travel Destination

Albany, NY

Travel Start Date

Travel Start Time

Travel End Date

Travel End Time

Travel Description

Attend SLAC Meeting at Empire State Plaza, Albany**Indicate All Expenses** – If more space is required in any section, use the associated detail form (number shown in parentheses below)**Totals**

Lodging

Transportation (AC3259-S)

Personal Vehicle

Meals (AC3258-S)

Per Diem Meals

Mileage Claimed (AC160-S)

miles @

¢ per mile =

Incidental Expenses – List (AC3259-S)

Total Amount Claimed**Vendor's Certification**

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Signature

Title

Date