# State of New York Travel Voucher

**Originating Agency**

**Agency Code**

**Interest Eligible (Y/N)**

**Payment Date** (MM) (DD) (YY)

**OSC Use Only**

**Liability Date** (MM) (DD) (YY)

**Payee ID**

**Payee ID (Last)**

**Address**

**City**

**State**

**Zip**

**Purpose of Travel**

**Destination (including county)**

**Departure Date And Time**

**Return Date And Time**

**Statewide**

**Travel Advance**

**Neg Unit**

**Yes**

**No**

**Yes**

**No**

**Corporate**

**Yes**

**No**

**1) Indicate All Travel Expenses** - Use detail sheet if necessary

<table>
<thead>
<tr>
<th>Lodging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Meals</td>
</tr>
<tr>
<td>Mileage</td>
</tr>
</tbody>
</table>

**Incidental Expenses (List)**

**Total Travel Expenses**

**Subtract Amount Billed Directly to Agency**

**Other Direct Bill to Agency**

**C. Subtract Amount Paid With Travel Advance**

**D. Other Adjustments**

**Total Amount To Be Reimbursed To Traveler**

**Payee’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 and incurred in the performance of my official duties.

**Signature**

**Title**

**Date**

**Supervisor’s Certification**

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**

**Expenditure**

<table>
<thead>
<tr>
<th>Cost Center Code</th>
<th>Object</th>
<th>Accum</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>Cost Center Unit</td>
<td>Var.</td>
<td>Yr.</td>
</tr>
</tbody>
</table>

**Liquidation**

<table>
<thead>
<tr>
<th>Orig. Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
</table>