

STATE OF NEW YORK
STATEMENT OF AUTOMOBILE TRAVEL
 (Submit with travel expense voucher)

 Department, Commission or Other Agency

 Sub Voucher No.

PAYEE: _____

 Sheet No.

Date	Between What Points		Meals Only*	Hour of Departure		Hour of Arrival		Miles Traveled
	From	To		AM	PM	AM	PM	
Total Miles								

*Enter meals not included in per diem: B for breakfast, D for dinner

I hereby certify that the travel indicated was necessary and on official business of the state.

 Signature of Traveler