Print Form

AC 132-A (Rev 11/04)

State of New York Travel Voucher

Voucher No.

Originating Agency	Agency Code	Interest Eligible (Y/N) N	

Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) / /

Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /

Payee Name (Last)	SPACE	FI	SPACE	MI	SPACE	Suffix	IRS Code	IRS Amount

Address	Stat Type	Statistic	Indicator Dept	Ind Statewide

Address	Ref/Inv Number (14 additional spaces) TRAVEL

City	State Alabama	Zip	Ref/Inv Date (MM) (DD) (YY) / /

Purpose of Travel	Official Station

Destination (including county)	Residence

Departure Date And Time	Return Date And Time	Neg Unit	Travel Advance ☐ Yes ☐ No	Paid By Direct Bill ☐ Yes ☐ No	Corporate Card ☐ Yes ☐ No

1) Indicate All Travel Expenses - Use detail sheet if necessary	**Totals**	**2) Summary**	**Amount**
Lodging		**A.** Total Travel Expenses	
		B. Subtract Amount Billed Directly to Agency (Corporate Card)	
Transportation		Other Direct Bill to Agency (Specify)	
		C. Subtract Amount Paid With Travel Advance	
Meals		**D.** Other Adjustments (Specify)	
Mileage @ ¢ per mile			
Incidental Expenses (List)			
Total Travel Expenses - Enter in Section 2 Line		**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 examained 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

State Comptroller's Pre-Audit Certified For Payment By

Agency Finance Office Use

I certify that this claim is correct and just, and that this payment is approved.

Authorized Signature

Title Date

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var.	Yr.		Dept.	Statewide					