STATE OF NEW YORK

STATEMENT OF AUTOMOBILE TRAVEL

(Submit with travel expense voucher)

Sub Voucher No. ______

Department, Commission or Other Agency ______

Sheet No. ______

PAYEE: ______

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