

# TRAVEL VOUCHER

THOSE AREAS THAT ARE SHADED MUST BE COMPLETED BY THE TRAVELER

1 Originating Agency <b>SUNY Oswego</b>		Orig. Agency Code <b>28230</b>		Interest Eligible (Y/N)	
Payment Date (MM/DD/YY)		OSC Use Only		Liability Date (MM/DD/YY)	
2 Payee ID		Additional	Zip Code	Route	Payee Amount
3 Payee Name (Last)		(FI)	(MI)	(Suffix)	MIR Date (MM/DD/YY)
4 Address (to mail check to)		Stat Type		Statistic	IRS Code
City		State	Zip	Indicator-Dept.	Indicator-Statewide
5 Purpose of Travel (be specific):		Ref/Inv. # (limit 14 additional spaces)		Ref/Inv.Date mm/dd/yy	
7 Destination (include county):		6 Official Station <b>SUNY Oswego</b>		8 Residence (if different than #4)	
9 Date & Time of Departure AM PM		10 Date & Time of Return AM PM		Neg. Unit <b>08</b>	Travel Advance (Yes/No)
11 Regular Work Hours:		12 Mode of Transportation/Ticket #, Rental Agreement #:			
Corporate Card Used (Yes/No)					

Section 1 - Indicate All Travel Expenses - Use detail sheet if necessary				Section 2 - Summary		
				TOTALS	Amount	
13 Lodging					A. Total travel expenses	
14 Transportation Expense					B. Subtract amount billed directly to agency-AmEx	
15 Miscellaneous Expenses/Explanations					C. Subtract amount paid with Travel Advance	
16 Per Diem Allowance					D. Other adjustments (specify)	
Days at \$                      per day = \$ Days at \$                      per day = \$						
17 Meals Only						
Breakfasts at \$            +      Dinners at \$ Breakfasts at \$            +      Dinners at \$						
18 Total Mileage from attached AC 160					Total amount to be reimbursed to traveler/ (or if negative) total amount to be returned to OGS (attach check)	
miles at                      cents per mile Total Travel Expenses Enter in Section 2 Line A						

PAYEE'S CERTIFICATION				STATE COMPTROLLER'S PRE AUDIT			
I hereby certify that the above account and 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 authorized official duties.				Certified for payment by			
Signature: _____ Date: _____ e-mail: _____ Work Phone: _____				For Agency Finance Office Use Only  I certify that this claim is correct and just and that this payment is approved  By: _____ Authorized Signature  Title: _____ Date: _____			
SUPERVISOR'S CERTIFICATION							
I, the claimant's supervisor, certify this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant's authorized official duties.							
Supervisor's Signature: _____ Date: _____ Name & Title (Print/Type Legibly): _____							

EXPENDITURE						
Dept.	Cost Center	Variable	Year	Object Code	Amount	TR Fiscal Control #
<b>01</b>						<b>TR00001</b>





