Click to Clear Form

AC 132-A (Rev. 11/04)

State of New York Travel Voucher

Originating Agency: The Graduate School of CUNY	Agency Code: 70090	Interest Eligible Y/N: N	Voucher Number
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) / FI / MI / Suffix			IRS Code / IRS Amount
Address			Stat Type / Statistic / Indicator Dept / Ind Statewide
Address			Ref/Inv Number (14 additional spaces): TRAVEL
City / State / 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	0.00
		B. Subtract Amount Billed Directly to Agency (Corporate Card)	0.00
Transportation		Other Direct Bill to Agency (Specify)	0.00
		C. Subtract Amount Paid With Travel Advance	0.00
Meals		D. Other Adjustments (Specify)	0.00
Mileage @ ¢ per mile = 0.00	0.00		
Incidental Expenses (List)			
Total Travel Expenses - Enter in Section 2 Line	0.00	Total Amount To Be Reimbursed To Traveler	0.00

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.

_____

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

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/	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					