

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)		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			

Payee's Certification
