

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name		Business Unit/Department Code	
Employee ID	Official Station Address		Official Station Zip
Last Name	First Name		MI Suffix
Home Address		City	State Zip
Business Purpose		Travel Description	
Start Location Street & L W \ 6 W D W H		Start Location Zip	Check if used:
Destination Location Street & L W \ 6 W D W H		Destination Location Zip	
Travel Start Date and Time		Travel End Date and Time	

1. Indicate All Travel
Expenses