CLEAR FORM

STATE OF NEW YORK

STATEMENT OF AUTOMOBILE TRAVEL

(Submit with travel expense voucher)

_______________ Sub-voucher No.

_______________ (Department, Commission or Other Agency)

PAYEE: _______________

_______________ Sheet No.

Date	Between What Points		Meals Only*	Hour of Departure		Hour of Arrival		Miles Traveled
	From	To		A.M.	P.M.	A.M.	P.M.	
Total Miles								0.00

*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.

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Signature of Traveler