## TRAVEL VOUCHER & STATE TRAVEL CARD RECONCILIATION FORM Buffalo State University

Buffalo State University

Traveler must fill in Orange highlighted areas.

o submit electronically, comp	lete worksneet							The second secon	
Originating Agency SUNY Buffalo State			Agency Code Int Elig 28160			Liability Date (MM / D	D/YY)	Payee Amount	
Payment Date (MM / DD / YY)		IRS Code				Account(s) to be charg	ed	Voucher#	
NYS Employee ID Number		Negotiating	Unit Code	e Home F	esidence /	City Only)	Figor	al Year	
NO1234567		08 UUP	OTHE COUR		ny tou		23/24		
Payee Name (Last)		FULL)	(MI)	Suffix		thorization			
Cedick	M	lary	E			☐ Yes	II No		
Legal Address (on file with Hu		3)			Cardholde	er's Name		100000000000000000000000000000000000000	
City State Zip Anytown Ny 12345					Last 4 Dig	Last 4 Digits of Travel Card Travel Card Statement Date (mm/dd/yy)			
Start Location (MUST include	Street, City, Sta	te, & Zip)			Departure	Date (mm/dd/yy)	Time	□AM □ PM	
Destination Location (MUST in				MAN SERVICE	Return Da	ite (mm/dd/yy)	Time	□AM □ PM	
Purpose of Travel	GreatArre	w Bu Feal	U, NYI	4216	09	129123	11:35	CAN LIN	
Super vise	stude	ent teac	hers						
						UNSPC Code/Obj.	Travel Card	A	
						Code	Expense Amount	Amount Due to Traveler	
Transportation: Airfaire (inclusive of Booking a	adler Paggage	F222)				78111502/542150			
Train	lu/or baggage	rees)				78111600/542250			
Bus						78111803/540030			
Vehicle Rental						78111808/541500			
Fuel for Rental Vehicle						78111808/541500			
Personal Vehicle Mileage (atta-					10				
AC 160 Mileage Statement	48	miles	(0	655	per mile	25101503/543000		31 -44	
							Fransportation Subtotal:	31-44	
Lodging:			Ctotal	Data					
	iys @		State I					-	
	iys @				Rate (Atta	ch Over-the- 90111801/			
	,,,,			stificicatio		542040	Lodging Subtotal:		
Meals:	M&IE					012010			
	Total \$								
	Rate # Da			_	# Days				
Per Diem Rate	-	Breakfasts (		+		Dinners @ -		10.75	
Per Diem Rate		Breakfasts (		+		Dinners @ -		-	
Other Than Per Diem Rate		Breakfasts (	@	+		Dinners @		-	
Missallana						90101501/542000	Meals Subtotal:	-	
Miscellaneous Expenses:  Parking						78111807/540020	_		
Tolls						78111800/540020	-	-	
Taxi/Shuttle/Ridesh	are					78111804/540020		-	
Public Transit	4,0					78111600/542250	-	-	
Registration/Confer	ence Fees:					90111601/550020	-	-	
Other:							_	-	
	-						-	-	
						1	Miscellaneous Subtotal:	-	
CARDHOL	DER AND/OR	PAYEE'S CERTI	FICATION	N			Total Travel Card Charges	Total Reimbursement Due to Traveler	
I hereby certify that the above accoun been paid, except as stated therein, ar	t and schedules and that the balance	nexed are just, true a therein stated is actual	and correct; ally due owi	that no part ng, and that	thereof has the amounts		-	\$ 31:44	
	7	Admin4 Official	55t- 1		092923		OR		
Traveler's Signa	ture	Official	Title		Date	Trav	reler's Total Trip Allowar	nce	
S	UPERVISOR'S	CERTIFICATION	V			IIdv	cici s rotai rrip Allowal	100	
I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and be amounts claimed therein were necessary for the performance of the claimant's authorized duties.					belief, the	Total Amount Due from Traveler			
						Attach	personal check payable	to: Buffalo State	
Supervisor Approval	100 16	Title	9	- 0	Date				
T TI.		1100							

## New York State Statement of Automobile Travel

Attach to Travel Voucher

Traveler	Mary Codick	
Department	Teacher Certification	Account No.
		Account No.

			Time of		Miles
Date	Origin	Destination	Departure	Arrival	Traveled
09/01/23	home - 123 Anywhere St. Any Lown 10 412345	Holmes 365 Oupent Toncuranda NY14150	90m	9:05	3
09/01/23		BUFFELD, NY 14222	10:30am	, 10:40	6
09/06/23		Depen n.S. 52015. Transit Deples, NY14043		9am	13
09/06/23	Depecoms	BSU	10 am	10:20 am	13
09/06/23	B5 U	Tapestry HS 65 Great Argon Buffalo NY/14216	1 pm	1:05 pm	2
09/06/23	Ta pestay HS	home	2:30 pm	2:40 pm	2
9/08/23	home	Holmes	9am	9:05	3
9108123	Holmes	Tapestry HS	10 am	10:15 am	4
9/08/23	Tapestry HS	350	11:30 am	11:35 gm	2
omments:	Enter Total Miles from this Stateme	ent on NYS Travel Voucher Form	1	Total Miles *	48
	e online at: https://travelservices.buffalosta				

I hereby certify that the travel indicated was necessary and on official business.

Signature of Traveler