

STATE OF NEW YORK
STATEMENT OF AUTOMOBILE TRAVEL

(Submit with travel expense voucher)

Department, Commission, or Other Agency	Payee	Subvoucher No.	Sheet No.
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Date	BETWEEN WHAT POINTS		Hours of Departure		Hours of Arrival		Miles Traveled
	From	To	A.M.	P.M.	A.M.	P.M.	

I hereby certify that the travel indicated was necessary and on official business of the State.	Signature of Traveler	Total Miles	
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