New York State Division of Military and Naval Affairs

Trip Calculator Exemption Request

Emergency Travel Only When Using a Personal Vehicle

Date of Emergency Travel: _____

Mileage Traveled Round Trip: _____

Location Where Trip Began: _____

Location of Emergency: _____

Nature of Specific Emergency and Justification For Not Using Trip Calculator:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE.
I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION I WILL FORFEIT ANY REIMBURSEMENT BEYOND THE RATE DETERMINED BY THE TRIP CALCULATOR BACK TO THE STATE OF NEW YORK.

_____ _____
Requestor Signature Date

_____
Please Print Name

Budget and Finance Office Only

Approve ☐ **Disapprove** ☐

_____ _____
Signature **Date**

This Exemption Request must be submitted to MNBF for approval