



**New York State Division of Military and Naval Affairs  
Office of Budget and Finance**

**State Financial System Information**

**SFS Bulletin Number:** 17

**Date Issued:** 8/31/2012

**Bulletin Issued by:** Tom Halabuda

**Subject:** Agency Travel Expense Procedures

This bulletin sets forth procedures in relation to travel expense when utilizing the Statewide Financial System (SFS).

1. All New York State employee travel reimbursements will be processed using the SFS Travel and Expense module.
2. All New York State credit card receipts over \$25.00 must be scanned and attached to the Travel and Expense Report in SFS. For state credit card receipts in the amount of \$24.99 and below, those must be retained by the traveler for a period of at least seven years for audit purposes.
3. For reimbursements using a personal credit card or personal funds for travel expense, receipts must be scanned and attached to the Travel and Expense Report in SFS at \$0.00 and above.
4. SFS Travel Authorization approval (if not otherwise excluded by Fiscal Policy Memorandum (FPM) VP-004-A) must be included by transferring the authorization into the Travel and Expense report. If your travel approval was done manually by DMNA Form 1010, then that document must be scanned and attached to the SFS Travel and Expense report.
5. In the comment section of the SFS Travel and Expense Report, an individual must indicate their actual travel time if it exceeds their normal work hours.
6. When the lodging per diem is exceeded, a justification must be made in the comment section of the Travel and Expense Report in SFS. When processing out of state lodging, taxes must be itemized on the travel and expense report.
7. The credit card charges from the travelers SFS Wallet must reflect the actual travel dates and not the posted date of the credit card transaction.
8. Per diem and personal mileage must be portrayed in the SFS Travel and Expense Report by the day and not as one total expense. For example, if the traveler's trip is

three days, each day expenses must be shown individually on the Travel and Expense report rather than as one total sum.

~~9. In addition to the aforementioned, the following is required if the Travel and Expense Report is submitted into SFS by a proxy:~~

Travel expense reports that have been submitted in SFS by a proxy are required to have an applicable certification(s) completed by the traveler. This is required by Section 13.4 of the State of New York Office of the State Comptroller 'Guide to Financial Operations'. The following form(s) must be completed by the traveler and given to their respective proxy to be scanned and attached into the SFS Travel and Expense Report:

- Form AC 132-S "Employee Report of Travel Expenses and Claim for Payment.

Where applicable, the following will must be completed by the traveler and given to their respective proxy to be scanned and attached into the SFS Travel and Expense Report:

- Form AC 3259-S "Statement if Incidental and Transportation Expenses
- Form AC 3258-S "Statement of Meals Claimed"
- Form AC 160-S "Statement of Automobile Travel"
- Form AC 3256-S "Statement of State Corporate Travel Card Charges"

10. If there are any questions regarding this bulletin, please contact Mr. Tom Halabuda at (518) 786-4538 or Folena Schumaker at (518) 786-6061.

Attachments

State  
of  
New York

# EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

|                                 |                               |   |                        |
|---------------------------------|-------------------------------|---|------------------------|
| Agency Name (1)                 |                               | Business Unit/Department Code (2)   |                        |
| Employee ID (3)                 | Official Station (4)          |   |                        |
| Last Name (5)                   | First Name (6)                | MI (7)  | Suffix (8)             |
| Address (9)                     |                               |   |                        |
| City (10)                       | State (11)                    | Zip (12)  | Normal Work Hours (13) |
| Business Purpose (14)           |                               | Travel Destination (15)   |                        |
| Travel Start Date and Time (16) | Travel End Date and Time (17) | Check if used:<br><input type="checkbox"/> Corp Card <input type="checkbox"/> (18) <input type="checkbox"/> Direct Bill |                        |
| Travel Description (19)         |                               |   |                        |

| 1. Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parenthesis below)</small> | Totals | 2. Summary   | Amount |
|---|--------|--|--------|
| Lodging   |        | A. Total Travel Expenses                           | (21)   |
|   |        | B. Subtract Amount Paid with Travel Advance        | (22)   |
| Transportation (AC 3259-S)  |        | C. Subtract Amount Billed to Corp Card (AC 3256-S) | (23)   |
|   |        | D. Other Direct Bill to Agency (Specify)           | (24)   |
| Meals (AC 3258-S)      Overnight Per Diem @ \$ each =   |        |  |        |
| Additional Breakfast @ \$ each + Additional Dinner @ \$ each =  |        |  |        |
| Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =  |        |  |        |
|   |        | E. Other Adjustments (Specify)                     | (25)   |
| Mileage Claimed (AC 160-S) @ ¢ per mile =   |        |  |        |
| Incidental Expenses – List (AC 3258-S)  |        |  |        |
|   |        |  |        |
|   |        |  |        |
| <b>Total Travel Expenses – Enter in Section 2 Line A</b>  | (21)   | <b>Total Amount Claimed</b>                        | (26)   |

**Traveler's Certification**

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary (27) incurred in the performance of my official duties.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor's Certification (if required)**

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties. (28)

Signature of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

|                            |  |                            |                        |
|----------------------------|--|----------------------------|------------------------|
| <b>FOR AGENCY USE ONLY</b> |  | Expense Report Number (29) | Travel Auth. Code (30) |
| Entered by (31)            |  | Date (32)                  |                        |

| Reference | Name                          | Description  |
|-----------|-------------------------------|--|
| 1         | Agency Name                   | Name of Agency traveler is working for   |
| 2         | Business Unit/Department Code | Business Unit/Department Code of Agency traveler is working for  |
| 3         | Employee ID                   | Employee ID as issued by OSC (must be 10 characters)   |
| 4         | Official Station              | Traveler's official station as determined by traveler's agency   |
| 5         | Last Name                     | Traveler's last name   |
| 6         | First Name                    | Traveler's first name  |
| 7         | MI                            | Traveler's middle initial  |
| 8         | Suffix                        | Suffix to traveler's name  |
| 9         | Address                       | Traveler's home street address   |
| 10        | City                          | City for traveler's home address   |
| 11        | State                         | State for traveler's home address  |
| 12        | Zip                           | Zip code for traveler's home address   |
| 13        | Normal Work Hours             | Traveler's normal work hours. (Note: If traveler has a schedule in which the work hours vary by day, then traveler should provide the normal start time of the first day of travel and the normal end time of the last day of travel.) |
| 14        | Business Purpose              | The reason for the travel (e.g. "Site visit", "Meeting", etc.)   |
| 15        | Travel Destination            | City and state of destination  |
| 16        | Travel Start Date and Time    | Date of the first day of travel and time departed on trip  |
| 17        | Travel End Date and Time      | Date of the last day of travel and time returned from trip   |
| 18        | Check if used:                | Check associated box if either a State Corporate Travel card, a travel advance, or direct bill was used. (Note: If a State Corporate Travel card was used, AC3256-S must be filled out and submitted.)                                 |
| 19        | Travel Description            | Brief description of the travel event (e.g. "Meeting at [agency] to discuss [topic]")  |
| 20        | Travel Expenses Section       | Detail all travel expenses which are being claimed. Organize expenses into the appropriate categories, using the associated detail forms (form number listed next to each category) if needed.   |
| 21        | Total Travel Expenses         | The sum of the travel expenses from box 20   |
| 22        | Travel Advance                | If a travel advance was used, the amount of the travel advance   |
| 23        | Corporate Card                | If the State Corporate Travel card was used, the total from AC3256-S   |
| 24        | Other Direct Bill             | If an amount was directly billed to the agency (not on the State Corporate Travel card), the total amount of direct bill   |
| 25        | Other Adjustments             | Any other amounts which must be subtracted or added.   |
| 26        | Total Amount Claimed          | Box 20 minus Boxes 22, 23, 24 and 25   |
| 27        | Traveler's Certification      | Traveler's signature, title and date signed  |
| 28        | Supervisor's Certification    | Supervisor's signature, title and date signed  |
| 29        | Expense Report Number         | The number of the expense report that was created in Expenses using this document  |
| 30        | Travel Authorization Code     | Travel authorization code from Expenses if required  |
| 31        | Entered by                    | Name of employee entering information into Expenses from this document   |
| 32        | Date                          | Date information is entered into Expenses  |







