

AC3257-S (Effective 1/12)				
<b>State of New York</b>		<h1 style="margin: 0;">CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE</h1>		
Agency traveled for Division of Military and Naval Affairs				
Vendor ID 0100000063		Vendor Name DMNA TRAVEL REIMB		
Last Name		First Name		MI
Suffix				
Address				
City			State	Zip
Business Purpose			Travel Destination	
Travel Start Date and Time			Travel End Date and Time	
Travel Description				
<b>Indicate All Expenses</b> – If more space is required in any section, use the associated detail form (number shown in parentheses below)				Totals
Lodging				
Transportation (AC3259-S)				
Meals (AC3258-S)				
Mileage Claimed (AC160-S)				
miles @                      ¢ per mile =				
Incidental Expenses – List (AC3259-S)				
<b>Total Amount Claimed</b>				
<b>Vendor's Certification</b>				
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.				
Signature		Title		Date

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 Supervisor's Signature

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 Date