AC 160 (Rev. 4/82)

STATE OF NEW YORK

STATEMENT OF AUTOMOBILE TRAVEL (Submit with travel expense voucher)

SUbVoucher No. _____

(Department, Commission or Other Agency) _____

Sheet No. _____

PAYEE _____

Date	Between What Points		Meals Only*	Hourof Departure		Hour of Arrival		Miles Traveled
	From	To		A.M.	P.M.	A.M.	P.M.	
							Total Miles	0.0

• Enter meals not included in per diem; B for breakfast, D for dinner.

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

_____

Signature of Traveler

OSC COPY