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*	Hour of Departure		Hour of Arrival		Miles Traveled
	From	To		A.M.	P.M.	A.M.	P.M.	
						Total Miles		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