

State of New York Travel Voucher

Voucher No.

Originating Agency		Agency Code		Interest Eligible (Y/N) N	
Payment Date	(MM) (DD) (YY)	OSC Use Only		Liability Date (MM) (DD) (YY)	
/ /				/ /	
Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
					/ /
Payee Name (Last)		FI	MI	Suffix	IRS Code IRS Amount
Address			Stat Type	Statistic	Indicator Dept Ind Statewide
Address			Ref/Inv Number (14 additional spaces) TRAVEL		
City	State	Zip	Ref/Inv Date	(MM) (DD) (YY)	
				/ /	
Purpose of Travel			Official Station		
Destination (including county)			Residence		

Payee's Certification
