

NYS Assembly MEMBER Travel VOUCHER

Trip #: _____

NOTE: Please read the instructions on the reverse side before completing this form.

Voucher #: _____

FINANCE DEPARTMENT USE ONLY			04020	Interest Eligibility			N			
Payee Amount			MIR Date (MM/DD/YY)							
1) Payee Name (Last)	(First)	(MI)	(Suffix)	Route	IRS Code	IRS Amount	Stat Type	Statistic	Indicator Dept.	Indicator State
Lopez	Vito									
Street Address (Limit to 30 spaces)				Ref/Inv. No. (Limit to 14 additional spaces)						
Rm 943 Legislative Office Bldg				TRAVEL						
City (Limit to 30 spaces)			State	Zip Code	Ref/Inv. Date (MM/DD/YY)					
Albany			NY	12247						

DATE	CITY	CITY	STATE	COUNTY	MODE OF TRAVEL	MILES
2) 5/2	From: Brooklyn	To: Albany	NY	Albany	Personal Car	165
5/4	From: Albany	To: Lake George	NY	Warren	Personal Car	58
5/5	From: Lake George	To: Albany	NY	Albany	Personal Car	58
5/5	From: Albany	To: Brooklyn		Kings	Personal Car	165
	From:	To:				

PURPOSE: Legislative Session - Speaker at Joint meeting of Rural Advocates & NY's Rural Housing Conference.

Assembly Per Diem Allowance rates are the amounts allowed pursuant to rules promulgated by the federal government for federal employees.

Per Diem rates change from county to county, and are subject to change at any time. Current rate schedule can be found at <http://intranet.nysa.us/perdiem>

3) STATE VEHICLE?	
YES	<input checked="" type="checkbox"/> NO

PER DIEM ALLOWANCE			
4)	DATE	FULL AMOUNT	PARTIAL AMOUNT
SUNDAY			
MONDAY	5/2	165	
TUESDAY	5/3	165	
WEDNESDAY	5/4	158	
THURSDAY	5/5		61
FRIDAY			
SATURDAY			

7) ACTUAL AND INCURRED TRAVEL EXPENSES		
*Current mileage rate is available at: http://intranet.nysa.us/policy/?sec=mileage		
MILEAGE	Total Number of Miles Claimed	Mileage Reimbursement Rate
Enter miles claimed and current mileage rate*	446	0.51
		AMOUNT
		227.46
Tolls (attach receipts)		
Train (attach receipts)		
Air (attach receipts)		
Subway/Taxi		
Registration/Conference Fees (attach receipts)		
Other (List - Bus, Ferry, Parking, Gas, etc.)		

PER DIEM ALLOWANCE Subtotal..... 5) 488 6) 61

ACTUAL AND INCURRED TRAVEL EXPENSES Subtotal..... 8) 227.46

VOUCHER TOTAL (Combine the subtotals entered in boxes 5), 6) and 8) to show voucher total)... 9) 776.46

10) I hereby certify eligibility for the above per diem allowance(s) and that the above travel expenses were incurred in the rendering of legislative duties, and that the above bill is just, true and correct, and that the balance shown is actually due and owing, and that this voucher is submitted in accordance with policy promulgated by the Speaker of the Assembly.

Date: 7/10/11 Signature of Member: [Signature] Unit Code: B45

Finance Department - Do Not Write in this Space
I certify that this claim is correct and just, and payment is approved.

DATE RECEIVED:

Director of Finance/Designee

Date

WHITE: Accounts Payable

YELLOW: Accounts Payable

PINK: Traveler

VLJCOPE000160

AC-5069 01/2011