

State
of
New York

STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES

Submit with expense report – Use this form only when additional space is required to submit all necessary information

Name ①	Travel Start Date ②	Travel End Date ③
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Incidental Expenses

Date	Description, Purpose, Item of Expenditure, Etc	Amount Claimed
④	⑤	⑥
Total Incidental Expense Amount Claimed (Report on AC 132-S or AC 3257-S under Incidentals)		⑦

Transportation

Date	Method, Destination, Etc	Amount Claimed
⑧	⑨	⑩
Total Transportation Amount Claimed (Report on AC 132-S or AC 3257-S under Transportation)		⑪

Reference	Name	Description
1	Name	Traveler's first and last name
2	Travel Start Date	Date of the first day of travel
3	Travel End Date	Date of the last day of travel
4	Date	Date incidental expense was incurred
5	Description, Purpose, Item, Etc	Description of what expense was, why it was incurred, etc
6	Amount	Amount of incidental expense
7	Total Incidental Expense Amount Claimed	Sum of all amounts in box 6
8	Date	Date transportation expense was incurred
9	Method, Destination, Etc	Type of transportation, destination, etc
10	Amount	Amount of transportation expense
11	Total Transportation Amount Claimed	Sum of all amounts in box 10