County of Suffolk, New York - Travel Expense Voucher

Check & Voucher No.

Claimant .....

Address .....

.....

Social Security No.

Serial Number

County
Dept.

Date	ITEMS OF EXPENDITURE Specify Purpose and Means of Travel	TIME		Transportation	SUBSISTENCE				Miscellaneous	Sub. Vo. No.	TOTAL
		Start	Finish	Mileage	Breakfast	Lunch	Dinner	Room or Rm & Bd			
	Bring totals from Statement of Auto Travel										
			TOTAL								

Travel Order No

Official Station

Total Amount of this Voucher

CERTIFICATION AND DEPARTMENTAL APPROVAL

I certify that the said claim is just, true and correct, that no part thereof has been paid or otherwise settled; that the amount claimed is correct and just and remains due, owing and unpaid, that the disbursement actually and necessarily made; that travel and expenses were necessarily incurred by me in the performance of my official duties as an officer, or employee, of the County of Suffolk

Dated . ... 20 ... .

Signature

. .. .

Official Title

I certify that the travel, expenditures, etc., on this claim were authorized by me, that they were necessary for the operation of my department and, I do hereby approve this claim as a charge to my appropriation.

Date

Department Official

COUNTY COMPTROLLER'S PRE-AUDIT

Verified

Audited

CERTIFIED FOR PAYMENT OF THE TOTAL AMOUNT

BY _____

EXPENDITURES CODES								Encumbrance Liquidation		Appropriation Charges
Ln	Fnd	Agy	Orgn	Sub Org	Rept Cat	Obj	Project No.	Amount	Enc. No.	
01										
02										
03										