

# NYS Assembly MEMBER Travel VOUCHER

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

Trip #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

|                             |  |                     |                      |   |
|-----------------------------|--|---------------------|----------------------|---|
| FINANCE DEPARTMENT USE ONLY |  | 04020               | Interest Eligibility | N |
| Payee Amount                |  | MIR Date (MM/DD/YY) |                      |   |

|   |                     |      |                    |   |          |                          |           |           |                 |                 |
|---|---------------------|------|--------------------|---|----------|--------------------------|-----------|-----------|-----------------|-----------------|
| 1) Payee Name (Last) <b>Lopez</b>   | (First) <b>Vito</b> | (MI) | (Suffix)           | Route   | IRS Code | IRS Amount               | Stat Type | Statistic | Indicator Dept. | Indicator State |
| Street Address (Limit to 30 spaces)<br><b>Rm 743 Legislative office Bldg.</b> |                     |      |                    | Ref/Inv. No. (Limit to 14 additional spaces)<br><b>TRAVEL</b> |          |                          |           |           |                 |                 |
| City (Limit to 30 spaces)<br><b>Albany</b>                                    |                     |      | State<br><b>NY</b> | Zip Code<br><b>12248</b>                                      |          | Ref/Inv. Date (MM/DD/YY) |           |           |                 |                 |

| DATE    | CITY                  | CITY                | STATE     | COUNTY        | MODE OF TRAVEL      | MILES      |
|---------|-----------------------|---------------------|-----------|---------------|---------------------|------------|
| 2) 12/6 | From: <b>Brooklyn</b> | To: <b>Albany</b>   | <b>NY</b> | <b>Albany</b> | <b>Personal Car</b> | <b>165</b> |
| 12/7    | From: <b>Albany</b>   | To: <b>Brooklyn</b> | <b>NY</b> | <b>Kings</b>  | <b>Personal Car</b> | <b>165</b> |
|         | From:                 | To:                 |           |               |                     |            |
|         | From:                 | To:                 |           |               |                     |            |
|         | From:                 | To:                 |           |               |                     |            |

PURPOSE: Service + Democratic 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 type="checkbox"/> NO <input checked="" type="checkbox"/> |

| PER DIEM ALLOWANCE |                |             |                |
|--------------------|----------------|-------------|----------------|
| 4)                 | DATE           | FULL AMOUNT | PARTIAL AMOUNT |
|                    | SUNDAY         |             |                |
|                    | MONDAY         |             |                |
|                    | TUESDAY 12/6   | 165         |                |
|                    | WEDNESDAY 12/7 |             | 61             |
|                    | THURSDAY       |             |                |
|                    | FRIDAY         |             |                |
|                    | SATURDAY       |             |                |

| 7) ACTUAL AND INCURRED TRAVEL EXPENSES   |                               |                            |        |
|--|-------------------------------|----------------------------|--------|
| *Current mileage rate is available at: <a href="http://intranet.nysa.us/policy/?sec=mileage">http://intranet.nysa.us/policy/?sec=mileage</a> |                               |                            |        |
| MILEAGE  | Total Number of Miles Claimed | Mileage Reimbursement Rate | AMOUNT |
| Enter miles claimed and current mileage rate*  | 330                           | x 0.55.5                   | 183.15 |
| 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) 165 6) 61

ACTUAL AND INCURRED TRAVEL EXPENSES Subtotal..... 8) 183.15

VOUCHER TOTAL (Combine the subtotals entered in boxes 5), 6) and 8) to show voucher total)... 9) 409.15

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: 12/13/11 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

VLJCOPE000150 10/2011