Stony Brook Foundation

STATE OF NEW YORK
STATEMENT OF AUTOMOBILE TRAVEL

(Submit with travel expense voucher)

Department, Commission, or Other Agency	Payee	Subvoucher No.	Sheet No.

Date	BETWEEN WHAT POINTS		Hours of Departure		Hours of Arrival		Miles Traveled
	From	To	A.M.	P.M.	A.M.	P.M.	

I hereby certify that the travel indicated was necessary and on official business of the State.	Signature of Traveler	Total Miles	0