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| **AC3258-S (Effective 1/12)** | | | | | | | |
| **State**  **of**  **New York** | | **STATEMENT OF MEALS CLAIMED** | | | | | |
| Submit with expense report – Use this form only when additional space is required to submit all necessary information | | | | | |
| Name | | | | | Travel Start Date | Travel End Date | |
|  | | | | | | | |
| Date | If claiming an additional meal | | | Description  (e.g. “Additional Breakfast – Albany” or “Full Per Diem – Syracuse”) | | | Amount Claimed |
| Departure Time | | Arrival Time |
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