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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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