AC 3258-S (Effe					
State of	STATEMENT OF MEALS CLAIMED				
New York	Submit with ex	pense report – Use t	his form only when additional space is required to submit all necessary	ry information	
Name	1		Travel Start Date 2 Travel End Date	3	
Date	If claiming an additional meal		Description (e.g. "Additional Breakfast – Albany" or "Full Per Diem – Syracuse")	Amount Claimed	
	Departure Time	Arrival Time			
4	(5)	6	(1)	8	
				1	
				+	

Reference	Name	Description	
1	Name	Traveler's first and last name	
2	Travel Start Date	Date of the first day of travel	
3	Travel End Date	Date of the last day of travel	
4	Date	Date for which a meal is being claimed	
5	Departure Time	If claiming an additional breakfast, time traveler departed for travel event	
6	Arrival Time	If claiming an additional dinner, time traveler returned from travel event	
7	Description Type of meal claimed and location (e.g. "Full per diem - Syracuse")		
8	Amount Claimed	Amount being claimed	