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| **AC3259-S (Effective 1/12)** |
| **State** **of** **New York** | **STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES** |
| 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** |
|  |
| **Incidental Expenses** |
| Date | Description, Purpose, Item of Expenditure, Etc. | Amount Claimed |
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| Total Incidental Expense Amount Claimed (Report on AC132-S or AC3257-S under Incidentals) |  |
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| **Transportation** |
| Date | Method, Destination, Etc. | Amount Claimed |
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| Total Transportation Amount Claimed (Report on AC132-S or AC3257-S under Transportation) |  |