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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** | |
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| **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) | | | | |  |