Reset Form

Print Form

WNYFO ASIST Travel Voucher

Those Areas That Are Shaded Must Be Completed By The Traveler

OMH WNYFO: 737 Delaware Avenue; Suite 200; Buffalo, NY 14209 ATTN: SPEAK

1. Payee ID (SSN#) _____ 2. Payee Name (Last) _____ (FI) ____ (MI) ____ (Suffix) _____

3. Address (to mail check to) _____ City _____ State _____ Zip _____

4. Purpose of Travel (be specific) _____ 5. Destination (include county): _____

6. Date & Time of Departure _____ 7. Date & Time of Return _____ 8. Residence (if different than #3) _____

Indicate All Travel Expenses - Please attach Attendance Sheet behind Voucher

	Totals
9 Lodging	
_____ Days at _____ per day =	_____
10 Per Diem Allowance **Two Day Maximum**	
_____ Days at _____ per day =	_____
11 Total Mileage from Mileage Report	
_____ miles at 55 cents per mile	0
12 Miscellaneous Travel Expenses (tolls, parking, etc)	_____
Total Travel Expenses	$0.00

Payee's Certification

I hereby certify that the above account and schedules are just, true, and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Signature: _____ Date: _____

E-mail: _____ Work Phone: _____

WNYFO Approval and Signature

Signature: _____ Date: _____

E-mail: _____ Work Phone: _____