Statement of Personal Automobile Travel

STATE OF NEW YORK FORM AC 160

(Submit with Travel Voucher & State Travel Card Reconciliation Form)

Traveler's Name: _____

Date	Between What Points?		Departure Time (AM or PM)	Arrival Time (AM or PM)	Miles Traveled
	From (If Residence, write "Residence" or include Street, City, State & ZIP)	**To** (If Residence, write "Residence" or include Street, City, State & ZIP)			

I hereby certify that the travel indicated was necessary and for officical business. My "normal commute" to work miles are not included in this travel.

Total Miles 0

Signature of Traveler: _____

Guideline: Travel #810

Revised 2/2024