State of New York

AC 132-S-6JD-1-CAP

CAP EMPLOYEE EXPENSE REPORT
TRAVEL EXPENSES
Attach Maps or Mileage Chart

Sixth Judicial District

Revised 01/06/2023

Employee Name :	Reason for Travel : ☐ Routine ☐ Training ☐ Meeting

Home Address:

Street City Zip Code

CAP Location:	Mileage Claimed: @ **0.655** =	Total Claim:

Automobile Travel

Date	From (Residence or CAP)	To: (Residence or CAP)	Start Time AM/PM	End Time AM/PM	Miles
				Total Miles	

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

Signature Title Date

Supervisor's Certification: I certify that this account has been examined, and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature Special Counsel Title Date