



## Instructions for Reimbursement of SWIB Related Travel Expenses (Non-State Employees Only)

As a member of the New York State Workforce Investment Board you are eligible to be reimbursed for travel related expenses which you incur while attending SWIB meetings. To be reimbursed, Board members who are not State employees will complete form [AC 3257-S "Claim for Travel Reimbursement"](#) and include form [AC-160 "Statement of Automobile Travel"](#) as well as a [W-9 form](#) available at: [SWIB Travel Reimbursement Forms](#). Payments will be based on New York State travel rates and policies. Please reference [Travel Reimbursement Policies](#) in regard to allowable expenses.

**Travel reimbursement requests must be submitted within 30 days of incurring the SWIB travel expenses. Forms can be filled out and submitted electronically via email to: [SWIB@labor.ny.gov](mailto:SWIB@labor.ny.gov). For those that prefer completing forms in writing, mail to:**

NYS Department of Labor  
Division of Employment and Workforce Solutions  
Averill Harriman State Office Campus  
Building 12, Room 450  
Albany, New York 12240  
**ATTN: SWIB Staff**

Please be sure that forms are signed and dated and necessary receipts (transportation and lodging, etc.) are attached to the expense report. Receipts are not required for *incidental expenses* that are less than \$75. Please keep a copy of your submitted forms and receipts for your records. Also, please note that the W-9 form should be filled out in reference to yourself, not your business or organization.

### **Instructions for filling out the form:**

1. **Agency Traveled For:** New York State Department of Labor
2. **Vendor Name:** Board member name requesting the reimbursement and the address where the board member would like the check sent.
3. **Business Purpose:** New York State Workforce Investment Board Meeting
4. **Travel Destination:** Albany, NY
5. **Travel Start and End Dates and Times:** Enter the date travelled, the time you left your residence/office and the time you returned.
6. **Travel Description:** Brief description of the event (example: Quarterly SWIB meeting)
7. **Travel Expense Details:**
  - a. **Lodging:** Date, Description, Purpose, Item of Expenditure, *Amount Claimed*.
  - b. **Transportation:** Date, Description, Purpose, Item of Expenditure, *Amount Claimed*.
  - c. **Meals:** Date, Departure Time, Arrival Time, Description, *Amount Claimed*.
  - d. **Mileage Claimed** (*Requests for personal mileage should be accompanied by form AC-160 "Statement of Automobile Travel"*): Date, Destination: From – To, Actual Mileage, Mileage Claimed. Note: The current mileage rate is .56¢ per mile.
  - e. **Incidental Expenses – List:** Date, Description, Purpose, Item of Expenditure, *Amount Claimed*.
8. **Totals:** *Amount Claimed* should be filled in the right hand column under **Totals**.
9. **Total Amount Claimed:** Add up all of the totals.

**Forms must be signed and dated and will be accepted electronically including your name and date, or mail a signed copy to the address listed above; scanned signed copies are also acceptable. Please direct any questions to [SWIB@labor.ny.gov](mailto:SWIB@labor.ny.gov) or call 518-457-1069.**