Reset Form

TOWN OF CLAYTON
STATEMENT OF AUTOMOBILE TRAVEL
(Submit with voucher)

Department or Other Agency	Payee	Voucher No.	Abstract No.

Date	BETWEEN WHAT POINTS		Hours of Departure		Hours of Arrival		Miles Traveled
	From	To	A.M.	P.M.	A.M.	P.M.	

I hereby certify that the travel indicated was necessary And on official business of the Town.	Signature of Traveler	Total Miles	0.00

Standard Form AC 160 (05/06) NYS