**Non-Employee Travel Instructions for**

**State Workforce Investment Board (SWIB) Members**

**Only non-employee’s hotel costs** will be paid by a New York State Department of Labor (NYSDOL) employee with a non-employee travel (NET) card. Lodging will be booked **only** at hotels that accept New York State (NYS) allowed rates.

**Lodging Expenses**

Lodging will be booked and paid for by NYSDOL with a NET card. However, SWIB members must complete and present the **Tax Exemption Certificate (**[**ST-129**](https://www.tax.ny.gov/pdf/current_forms/st/st129_fill_in.pdf)**)** when checking into the hotel. If you receive a receipt from the hotel, you must submit that receipt with your reimbursement request, even though you will not be reimbursed for the hotel costs since they were already paid for by NYSDOL.

All other travel expenses must be paid by you out-of-pocket.

**Reimbursement Requests**

Expenses such as mileage, tolls, and per diem meals, will be reimbursed by submitting a completed and signed **Claim for Travel Reimbursement by a Non-Employee form (**[**AC 3257-S**](https://www.osc.state.ny.us/files/state-agencies/2017-11/agency-form-ac3257s-fe.pdf)**)** along with any supplemental forms and documentation required. All forms and documentation must be readable. Instructions on completing reimbursement claims are as follows:

* Ensure the AC 3257-S is **completed legibly**, including the name and address on the form, since this information is needed for the agency to send out the reimbursement check.
* If claiming mileage, a **Statement of Automobile Travel (**[**AC 160-S**](https://www.osc.state.ny.us/files/state-agencies/2017-11/agency-form-ac160s-fe.pdf)**)** needs to be filled out with the **complete addresses** (street number and name, city, state, and zip code) of each destination.
* If there were tolls during your trip, please make sure that a **receipt** for the tolls has been provided. An [EZ-Pass](https://www.e-zpassny.com/en/home/index.shtml) account statement is acceptable. Enter any toll expenses in the Transportation section of the AC 3257-S.
* If using any other method of transportation such as a taxi or train service, **receipts** for these expenses must also be included.

**Privately-Owned Vehicle (POV) Mileage**

If you drive a POV, you can be reimbursed for the miles driven from your start location to your destination and back. Reimbursement is based on the shortest routes. You must use the mileage rate applicable at the time of your trip. The Government Services Administration (GSA) [website](https://www.gsa.gov/travel?gsaredirect=travel) has the current and prior year rates. Effective **January 1, 2024,** the current POV mileage rate is **$0.67**.

If claiming mileage, the **AC 160-S** must be submitted with your **AC 3257-S**. Complete addresses (street number and name, city, state, and zip code) must be entered. **Miles claimed will be checked for accuracy and adjusted for unreasonable differences.**

**Per Diem Meals**

You are entitled to per diem meals when traveling on overnight trips. The meal per diem is for dinner one night and breakfast the following day. Lunch is not reimbursable. Per Diem rates are based on the location to which you are traveling or the location where lodging is obtained (whichever rate is less). The GSA [website](https://www.gsa.gov/travel/plan-book/per-diem-rates) allows you to find the appropriate rate by entering your destination city/state or zip code. Please note that a Statement of Meals Claimed ([AC 3258-S](https://www.osc.state.ny.us/files/state-agencies/2017-11/agency-form-ac3258s-fe.pdf)) is not necessary.

**Instructions for Completing the AC 3257-S**

The AC 3257-S is a fillable form. Hand-written forms must be legible. Typed forms are best. **The name and address on this form must be legible since this is where the agency will send your reimbursement check**. If you have a Statewide Financial System (SFS) Vendor ID, complete the Vendor ID and Vendor Name fields. If you do not have an SFS Vendor ID, leave these fields blank.

Complete all fields that are applicable, which include “Agency traveled for,” “Business Purpose,” “Travel Destination,” “Travel Start Date and Time,” “Travel End Date and Time,” and “Travel Description.” The Vendor’s Certification section **must** be completed and signed.

Please submit completed electronic forms (AC 3257-S and AC 160-S) to **SWIB@labor.ny.gov**within 2 weeks of incurring the SWIB travel expenses (please note, an email may be sent out with an updated due date for submission following the meeting).

If submitting hand-written forms, please mail them to:

**ATTN: SWIB**

**New York State Department of Labor**

**Division of Employment and Workforce Solutions**

**Harriman State Office Campus**

**Building 12, Room 440**

**Albany, NY 12226**

If expenses from travel are less than $75, submission of these forms is not required.

Please see samples of the AC 3257-S and AC 160-S below.



