



Office of Accounts Payable, Haggerty 304
www.newpaltz.edu/travel

Revised

TRAVEL EXPENSE REPORT

Must submit within **four (4) weeks** of completion of travel.

Account # _____ Requisition # _____
 Account # _____ Account # _____
 Payment Date (MM/DD/YY) _____ Voucher # _____

All gray areas must be completed prior to submitting this form.

Payee Name _____
 Last First MI Suffix Title
 Address (to mail check to) _____
 Street City State Zip
 Purpose for Trip _____ Official Station _____
 Destination _____
 City State County
 Departure Date _____ and Time _____ AM PM
 Return Date _____ and Time _____ AM PM
 Regular Work Hours _____ Department _____

INDICATE ALL TRAVEL EXPENSES (Use [detail sheet](#) if necessary): **TOTALS** **PAID BY STATE CREDIT CARD**

REGISTRATION (550030) \$ _____

TRANSPORTATION Car Pooled with _____
 Rental Car. (541500) \$ _____
 Airfare (542150) \$ _____
 Train (542250) \$ _____
 Bus (540020) \$ _____
 Personal Car mileage (from attached [Auto Statement](#)): (543000) \$ _____
 _____ miles @ \$ _____ /mileage rate

LODGING (Over Per Diem)
 Receipted (per diem) _____ days x \$ _____ /day (542040) \$ _____
 Un-Receipted _____ days x \$ _____ /day (542000) \$ _____

MEALS
 Per Diem (overnight) _____ days x \$ _____ /day (542010) \$ _____
 Or
 \$5/\$12 (day trip) _____ breakfast(s) @ \$ _____ (542030) \$ _____
 _____ dinner(s) @ \$ _____ (542030) \$ _____
 I accept these meals as payment in full _____ (initial)

INCIDENTAL EXPENSES (540020) \$ _____
 Parking \$ _____ Taxi \$ _____ Tolls/Bridges \$ _____
 Subway \$ _____ Internet \$ _____ Gas \$ _____
 Other \$ _____ (explain) _____

TOTAL TRAVEL EXPENSES (A) \$ _____ (Enter in Summary, line A)

SUMMARY

(must include a negative '-' sign for B-E)

A. Total Travel Expenses \$ _____

B. Subtract amount billed directly to agency-corp card \$ _____

C. Subtract amount paid with Travel-Advance \$ _____

D. Other direct bill to agency (specify) \$ _____

E. Other adjustments (specify) \$ _____

Total amount to be reimbursed to traveler/**OR** (if negative) total amount to be returned to agency (attach check):

\$ _____

PAYEE'S CERTIFICATION

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

Signature _____ Date _____ E-mail _____ Work Phone _____

SUPERVISOR'S CERTIFICATION

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

Signature _____ Date _____ Name & Title (Print/Type Legibly) _____

Authorized account signature, if different from Supervisor _____ Date _____ Authorized out of state signature _____ Date _____

EXPENDITURE					
	TRAVEL ADV.	AMOUNT	ACCOUNT#	SUB OBJECT	AMOUNT

STATE COMPTROLLER'S PRE AUDIT

Certified for payment by _____
For Agency Finance Office Use Only
 I certify that this claim is correct and just and that this payment is approved
 By _____
 Authorized Signature
 Title _____ Date _____

Upon return from trip:

TRAVEL VOUCHER (link to form)

- Purpose

- to document actual expenditures of trip for reimbursement or refund of prepayment
- to reimburse traveler for day business trips that are less than \$200.
- to provide original receipts showing method of payment with 0 balance due.
- to include authorized signatures for actual payment of travel
- to close the open travel requisition

- How to complete the form

Required Information – all gray areas must be completed

- Requisition Number, Account Number/s and amounts for each account
- Name, Home Address, Date, Purpose of Trip, Destination, Departure/Return info, Neg. Unit

Registration

- list registration fee, include a receipt
- if membership fee is required to attend conference, attach a justification form with receipt

Transportation

- -list mode of transportation used with cost and original receipt attached
- -list mileage break down if personal car was used on an automobile statement of travel (round off to nearest mile)

Lodging

- -list cost of lodging expense with original receipt attached, if within per diem no justification form required

Meals

- -list meals by number of days and per diem or day trip rate totals, no receipts required (unless charged on a travel card)

Incidental Expenses

- list details of all incidentals with cost of each expense separately, all receipts are required

Prepayments made

- list any prepayments made prior to taking trip, then deduct from total of reimbursement what is owed you

Approvals

- supervisor and authorized signature for account approval must sign

- Time frame

Travel vouchers should be submitted to Accounts Payable, HAB 304, promptly upon return from trip for a faster reimbursement, but not later than **4 weeks after** trip was taken.