

## Carbondale Campus End User Instructions FORM –Travel Expense Voucher

**Use:** To request reimbursement for expenses incurred during travel on behalf of the University. This form should be used when the standard mileage rate is to be used.

**Access:** Access the form via the E-Forms web site (<http://www.eforms.siu.edu>), Adobe Reader 7.0 or higher must be installed on your computer.

**Instructions:** Complete the form using the following instructions: (Unless noted, all fields are **REQUIRED**.) All travel regulations must be followed. All forms must be completed electronically or typed except signatures.

### Department Contact Section:

In this section, list departmental contact information to be used if there are questions concerning the Travel Expense Voucher. Also, indicate the departmental mail code.

<i>Name</i>	Enter the department contact's name.
<i>E-mail</i>	Enter the department contact's e-mail address.
<i>Phone</i>	Enter the department contact's phone number.
<i>Department</i>	Enter the department name.
<i>MC</i>	Enter the department Mail Code.

**Traveler Section:** In this section, enter information about the traveler.

### *AIS Employee Number*

Enter the traveler's assigned AIS Employee number.  
*The AIS number is shown on the Employee ID card, or the person who reports payroll or human resource information will be able to supply the AIS employee number.*

<i>E-mail</i>	Enter traveler's e-mail address. This allows A/P to contact the traveler if questions arise concerning the payment.
<i>Phone</i>	Enter the traveler's phone number.
<i>Last Name</i>	Enter traveler's last name.
<i>First Name</i>	Enter traveler's first name.
<i>MI</i>	Enter traveler's middle initial.
<i>Address</i>	Enter traveler's address.
<i>City</i>	Enter the traveler's city.
<i>State</i>	Enter the traveler's state as a two letter abbreviation.
<i>Zip Code</i>	Enter the traveler's zip code.

Purpose of Trip (state briefly)

Describe the purpose of the trip. (Be brief, but clear. No acronyms.) Include meeting/conference/class/workshop name, location(s), and dates. Presentation names and departmental affiliation are not necessary.

Accounts Payable Use Only

This is Accounts Payable information and will not be filled in by the traveler. Leave blank.

Itinerary Section:

Provide detailed itinerary information for the travel. If more lines are needed, use the Itinerary Section on page 3 of this form.

*Date*

Indicate the date of travel. (Date format is DD Mmm YY)  
When travel spans multiple dates, list each day in the period on its own line in the Itinerary Section.

If the traveler used a personal day for an entire day(s) this should be noted in the Justification Information Section and not included in the Itinerary Information Section; however, if the entire day is not a personal day the date should be entered in the Itinerary Information Section and the Justification Information Section for meals/per diem purposes.

*Departed From – Place*

List the place of departure. (City, State)

*Departed From – Time*

Note the time of departure. Time should be in military format (no colon).i.e. Noon would be 1200 and Midnight would be 2400.

*Arrived At – Place*

List the place of arrival. (City, State)

*Arrived At – Time*

Note the time of arrival. Time should be in military format (no colon). i.e. Noon would be 1200 and Midnight would be 2400.

*Auto Mileage*

If personal automobile is used, note the number of miles driven between places of departure and arrival.

*Auto Reimb*

This figure is calculated automatically for you. (Auto mileage times the standard rate allowed in the Travel Regulations). Leave blank.

*Trans*

If travel is via airline, train, bus or other for-fee means, note the cost of transportation here.

*Lodging*

Note the cost of lodging, broken down per day.

*Meals/ Per Diem*

Per Diem shall be paid for travel which includes overnight lodging or is 18 or more continuous hours. Calculate the allowable per diem cost and enter. Per diem expenses are based on specified amounts per quarter day and destination. (Any meals that are provided must be deducted from Per Diem.)

Meals (meal allowances) are only allowable if the trip does not include overnight lodging or is less than 18 hours. Lunch is not a reimbursable expense for a one day trip.

More information about per diem and meal allowance rates are provided in the Travel Regulations and Special Notes at the end of these instructions.

*Other Expenses – Item*

List any other allowable expenses including taxi charges, allowable telephone call costs, baggage handling fees, etc.

*Other Expenses – Amount*

Itemize costs of Other Expenses -- Items.

*Line Totals* This figure is calculated for you. It is the total of all itinerary lines on pages one and three. Leave blank.

*TOTALS* Auto Mileage, Auto Reimb, Trans, Lodging, Meals/ Per Diem, Other Expenses – Amount, and Line Totals will be calculated for you.

*If additional lines are needed for Itinerary, use Page 3 of the Travel Expense Voucher.*

Justification Section: List additional information necessary to explain the travel reimbursement expenses. All expense items should be listed in this section. If more room is needed, use Justification Section on page 3 of this form.

*DATE* Give date of all Expense Items on the voucher. This field is free form and allows for entry of a range of dates.

*EXPENSE ITEM:* Note all expense items listed on the voucher.

*FUNDS* Indicate the source of funds used to pay for each travel expense.  
PC University P-Card  
IDF Invoice Distribution Form  
DB Direct Billed  
TF Traveler's Personal Funds  
OF Other Funds: Provide description (e.g. SIU Foundation, 3<sup>rd</sup> party, family, GPSC award, other traveler, etc)

*JUSTIFICATION*

Provide notes to justify all expense items listed on the voucher.

Page 2 Information:

*NAME* Last, First, MI, will populate from the first page. Leave blank.

*Dates of Travel:* Provide the dates of travel (both beginning and ending dates). The date format is DD Mmm YYYY.

*Dates of Meeting:* If reimbursement is requested for a meeting/conference/class/workshop, please note the beginning and ending dates. Date format is DD Mmm YYYY.

*Was a registration fee paid?*

Check Yes or No.

Registration fees must be declared on the Travel Expense Voucher.

Attach materials giving details if you answered "Yes". A receipt and other descriptive materials with sufficient detail must be provided showing what expenses, including meals, are covered. Information should also provide dates of the conference and conference hotels and/or conference-recommended hotels.

*Was a personal vehicle utilized?*

Check Yes or No.

By answering "Yes" the traveler certifies that he/she is duly licensed and carries the required insurance set forth in the Illinois Revised Statutes. Mileage can only be reimbursed if Yes is checked.

*Was a university vehicle utilized?*

Check Yes or No

*Were any University funds (i.e. P card, IDF) used to pay for any itemized amounts?*

Check Yes or No

If you answer Yes, include any expenses paid with University funds as an amount not allowed and provide receipts for the expenses.

*Accounts Payable Use Only*

This is Accounts Payable information and will not be filled in by the traveler. Leave blank.

#### Reimbursement Calculation Section:

The Total Expenses (sum of the Line Totals column from the first and third pages) will be automatically calculated and entered. From it, non-allowed amounts [(Less: Amount Not Allowed) and (Less: Travel Advance)] are subtracted. If this calculation results in a positive number, this is the amount of additional reimbursement to the traveler (Amount Due Traveler); if negative, the employee must reimburse the university for the overage amount (Amount Due Univ.).

#### *TOTAL EXPENSES*

Line Totals from page one and three. This is calculated for you.

#### *LESS: AMOUNT NOT ALLOWED*

Total any expenses not allowed for reimbursement and place the result here. All direct billed items, expenses paid by IDF, p-card transactions, and other funding sources should be included here. Also include other expenses not being reimbursed.

#### *NET AMOUNT OF REQUEST*

This field is calculated for you. It is the Line Totals figure from page one, minus the Less: Amount Not Allowed.

#### *LESS: TRAVEL ADVANCE*

If the traveler received a Travel Advance from Accounts Payable, put the Total amount of the Advance here.

*AMOUNT DUE TRAVELER*

This field is calculated for you. It is the Net Amount of Request minus the Less: Travel Advance figure. If it is positive, the traveler will receive a travel reimbursement for that amount.

*AMOUNT DUE UNIVERSITY (ATTACH CHECK)*

This field is calculated for you. If the Net Amount of Request figure is negative, the employee must reimburse the University. The employee should write a check payable to Southern Illinois University in the amount of this calculation and attach that to the Travel Expense Voucher form.

Date / Traveler Signature:

Traveler must sign and date the reimbursement request. The only digital signatures acceptable on a Travel Expense Voucher are State of Illinois Entrust digital signatures.

Distribution Section:

In this section, list the AIS account(s) to be used in funding the employee's travel expense. Reimbursement may come from a single account or multiple accounts. When a single account is used, the amount listed in this section should be the total reimbursement amount. For multi-account distributions, the sum of the amounts should equal the total reimbursement amount. (Special Note: To reduce input error, enter only those fields required or shown below as optional; leave all others blank as they will be completed in the Accounts Payable office.)

- BP* (Budget Purpose) Required; budget purpose value to support payment.
- DA1* (Departmental Activity 1) If applicable, enter the department activity 1 code to be used in cost accounting the expense.
- DA2* (Departmental Activity 2) If applicable, enter the department activity 2 code to be used in cost accounting the expense.
- OBJECT* Leave blank.
- SOF* (Source of Funds) Leave blank.
- FFY* (Funding Fiscal Year) Leave blank.
- AMOUNT* Amount of the reimbursement associated with this Budget Purpose account. If multiple accounts are listed, the sum of all amounts should equal the total amount due to traveler.

Signatures Section: Obtain necessary signatures before sending to Accounts Payable.

*Budget Purpose / Date / Fiscal Officer Signature*

The fiscal officer of the funding account (i.e., Budget Purpose value listed in the Distribution Section) must sign and date this form. When funding is to be obtained from numerous accounts, the fiscal officer of each Budget Purpose value must sign/ date this form.

*Additional Approval(s) as Appropriate*

To be used if additional approval(s) are required before reimbursement can be made. Additional approval is required when the fiscal officer and the traveler are the same person.

It is not necessary to print/submit page 3 if no travel data is entered on that page.

**Special Notes: Per Diem Guidelines - Multi-Day Travel**

**Overview**

These guidelines are intended to help determine the amount the traveler will be reimbursed for per diem. As each trip will have its own unique characteristics these guidelines will not cover 100% of the various options. If you have any questions, please call Accounts Payable - Travel. A Per Diem Calculator worksheet is available at <http://eforms.siu.edu/siuforms/forms/prc0310.pdf>.

To calculate per diem remember that a day is divided into different time periods referred to as quarters. These four (4) quarters are listed below:

**Table 1: Quarters Table**

<u>Quarter</u>	<b>T I M E</b>		<b>R E I M B U R S E M E N T R A T E</b>		
	<u>From</u>	<u>To</u>	<u>In State</u>	<u>Out of State</u>	<u>Foreign</u>
1	Midnight	5:59 AM	\$ 7.00	\$ 8.00	Depends on the location and date of travel. Go to <a href="http://www.state.gov/www/perdiems">http://www.state.gov/www/perdiems</a> for the various rates
2	6:00 AM	11:59 AM	\$ 7.00	\$ 8.00	
3	Noon	5:59 PM	\$ 7.00	\$ 8.00	
4	6:00 PM	11:59 PM	<u>\$ 7.00</u>	<u>\$ 8.00</u>	
<b>Total for the Day</b>			<b><u>\$28.00</u></b>	<b><u>\$32.00</u></b>	

The amount the traveler is actually reimbursed depends on three (3) factors:

1. How many quarters the traveler is away from headquarters during that day.
2. Where the traveler spends the night on the day of travel. The various options are: In State, Out of State and Foreign.
3. Whether any meals were provided. The meals are deducted as outlined in the table below. (A continental breakfast does not count as a meal.)

**Table 2: Meal Deductions Table**

<b>M E A L D E D U C T I O N S</b>		
	<b>In State</b>	<b>Out of State</b>
Breakfast	\$ 5.50	\$ 6.50
Lunch	\$ 5.50	\$ 6.50
Dinner	\$17.00	\$19.00
	<b><u>\$28.00</u></b>	<b><u>\$32.00</u></b>

**Special Notes: Meal Allowances Same Day Travel**

Meal allowances are for one day travel only. Meal allowances and per diem may not be mixed on the same trip or day. Per diem is paid for multi-day travel in lieu of the meal allowance.

**Table 3: Meal Allowances – One Day Travel Table**

<b>MEAL ALLOWANCES</b>		
	<b>In State</b>	<b>Out of State</b>
Breakfast (Depart at or before 6:00 a.m.)	\$ 5.50	\$ 6.50
Lunch (Not allowable for a one day trip)	\$0.00	\$0.00
Dinner (Arrive at or after 7:00 p.m.)	\$17.00	\$19.00

**Routing:** This form may not be submitted electronically.

To submit:

1. Print form on white paper (please use Adobe print option “Fit” – not “Actual size”),
2. Obtain signatures from traveler and fiscal officer(s),
3. Attach original receipts and supporting documentation, and
4. Mail to:   Accounts Payable, MC 6818  
                  ATTN: Travel Section