Carbondale Campus End User Instructions
FORM – Travel Expense Voucher (Non Standard Rate)

Use: To request reimbursement for travel expenses incurred on behalf of the University. This form should be used when the non-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.

Department Contact Information 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.

Name Enter the department contact's name.

E-mail Address Enter the department contact's e-mail address.

Phone No. Enter the department contact's phone number.

MC Enter the department Mail Code.

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

AIS Employee Number
> Enter the traveler's assigned AIS Employee number.
> *The person who reports payroll or human resource information will be able to supply this Employee Number.*

E-mail Address Enter traveler's e-mail address. This allows Procurement Services to contact the traveler if questions arise concerning the payment.

Phone No. Enter the traveler's contact's phone number.

Last Name Enter traveler's last name.

First Name Enter traveler's first name.

MI Enter traveler's middle initial.

Address Enter traveler's address. For Internal control purposes, a check **cannot** be sent directly to a campus address.

Travel Expense Voucher (Non Standard Rate) Form

City Enter the traveler's City.

State Enter the traveler's State as a two letter abbreviation.

Zip Code Enter the traveler's Zip Code.

Purpose of Trip (state briefly)
Describe the purpose of the trip. (Be brief, but clear.)

Procurement Services Use Only
This is Procurement Services' 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 DD Mmm YYYY)
When travel spans multiple dates, list each day in the period as 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 – Place
List the place of departure. (City, State)

Departed – Time
Note the time of departure. Time should be in **military** format. ie: Noon would be 1200 and Midnight would be 2400.

Arrived – Place
List the place of arrival. (City, State)

Arrived At – Time
Note the time of arrival. Time should be in **military** format. ie: Noon would be 1200 and Midnight would be 2400.

Auto Mileage @
Enter mileage rate being claimed in box provided.
If personal automobile is used, note the number of miles driven between places of departure and arrival. (Be sure to enter the decimal point when entering the rate. Otherwise, the calculation will not be correct.)

Auto Reimb This figure is calculated for you by multiplying the Auto Mileage @ rate times the Miles entered.

Travel Expense Voucher (Non Standard Rate) Form

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 by 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.

Note: For an explanation of per diem and meal allowance rates see the Special Notes Section of the 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 Reimb, Trans, Lodging, Meals/ Per Diem, Other Expenses – Amount, and Line Totals will be calculated for you.

(If additional lines are needed, use Page 3 of the Travel Expense Voucher)

Justification Section: List additional information necessary to explain the travel reimbursement expense. 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 Item/ Justification reference. 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

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

NAME Last, First, MI, and Social Security Number will populate from the first page. Leave blank.

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

Date of Meeting
> If reimbursement is requested for a meeting, please note the dates of the meeting (both meeting begin date and end date) (Date format DD Mmm YYYY).

Was a registration fee paid?
> Check Yes or No.
> Attach materials giving details if you answered "Yes". A receipt and/or other descriptive materials with sufficient detail must be provided showing what expenses, including meals, are covered. Information should also indicate dates of the conference and conference 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) used to pay for any itemized amounts?
> Check Yes or No
> If you answer Yes, please enter as an amount not allowed.

Procurement Services Use Only
> This is Procurement Services' information and will not be filled in by the Traveler. Leave blank.

Clerk Leave blank.

Date Leave blank

CUSAS Code Leave blank.

Reimbursement Calculation Section:

> The TOTALS sum of the Line Totals column from the first and third page is the calculation's starting point. From it, non-allowed amounts (Less: Amount Not Allowed item) and travel advances (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 and 'P' Card transactions 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 Procurement Services, 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 check in that amount.

Amount Due Univ. (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.

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 Procurement Services office.)

Fund	Leave blank.
Unit	Leave blank.
BP	(Budget Purpose) Required; budget purpose value to support payment.
DA1	(Departmental Activity 1) If applicable, the department activity 1 code to be used in cost accounting the expense.
DA2	(Departmental Activity 2) If applicable, the department activity 2 code to be used in cost accounting the expense.
FN	(Function) Leave blank.
Nat Acct	(Natural Account) Leave blank.
Object	Leave blank.
SOF	(Source of Funds) Leave blank.
FFY	(Funding Fiscal Year) Leave blank.
IA	(Institutional Activity) Leave blank.
Amount	Amount of the reimbursement to be associated with this account. If multiple accounts are listed, the sum of all amounts should equal the total amount.

Sub-Section B: Leave this section blank.

Project	Leave blank.
Task	Leave blank.
Award	Leave blank.
Amount	Leave blank.

Signatures Section: Obtain necessary signatures.

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 reimbursements can be made.

Travel Expense Voucher (Non Standard Rate) Form

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

(Complete Page 3 (if necessary) the same as Page 1.)

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 Procurement Services.

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

Table 1: Quarters Table

TIME			REIMBURSEMENT RATE		
Quarter	**From**	**To**	**In State**	**Out of State**	**Foreign**
1	Midnight	5:59 AM	$ 7.00	$ 8.00	Depends on the location and date of travel. Go to http://www.state.gov/www/perdiems 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	$ 7.00	$ 8.00	
	Total for the Day		**$28.00**	**$32.00**	

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

Travel Expense Voucher (Non Standard Rate) Form

MEAL DEDUCTIONS		
	In State	**Out of State**
Breakfast	$ 5.50	$ 6.50
Lunch	$ 5.50	$ 6.50
Dinner	$17.00	$19.00
	$28.00	**$32.00**

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

MEAL ALLOWANCES		
	In State	**Out of State**
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 <u>not</u> be submitted electronically.

To submit: Print form, obtain signatures from traveler and fiscal officer(s), attach original receipts and supporting documentation, and mail to:

Procurement Services, MC 6813
ATTN: Travel Section