

Travel Training



- Travel Advisory Group all member institutions
 - UNT members: Dana Duke, Charla Friday, Rhonda Acker, Lisa Martin, Cheri Martin, Stephanie McCane
 - Revised Travel Guidelines coming
 - CTP approval process
- Travel and Expense module implementation

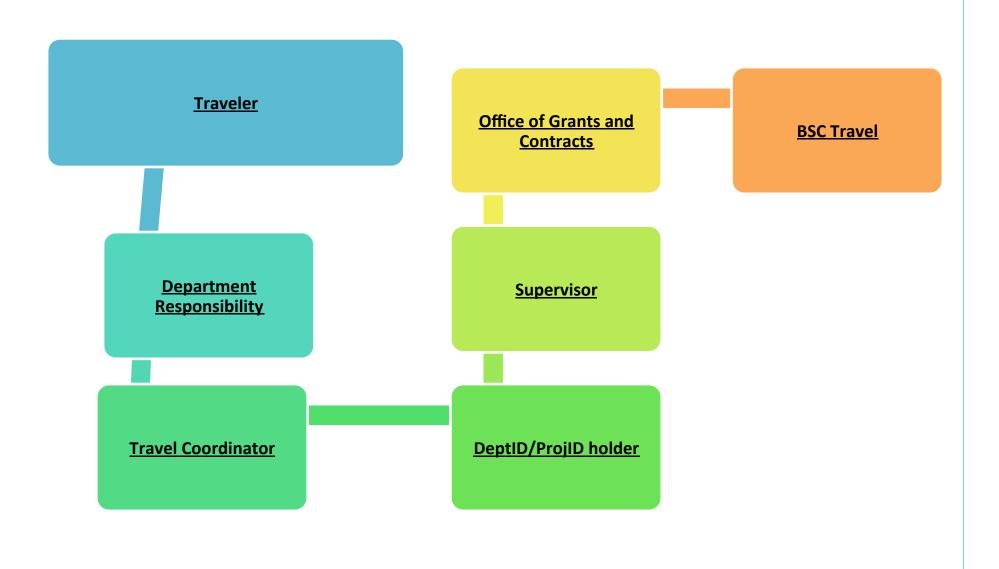
Tell the Story

- When preparing a travel authorization and travel voucher, "Tell the Story".
- Helps your Travel team better understand the trip and expenses.
- Audit reviews

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Key Roles



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Classification of Travelers

- Prospective Employee
- Prospective Employee Spousal/Family
 - Taxable
- Student Travel
- Spousal Travel
 - Requires approval of the President/Chancellor in addition to normal approval process.
- Team/Group Travel
 - Involves at least one student and one employee of any member institution.



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TRAVEL - AIRFARE SECRET SHOPPER

October 2014 -Airfare Pricing test

Testing session October 17, 2014 3:30pm

| | | Domestic flights | | International | | |
|-------------------|--------------------------|-------------------------------|---------------------------------|------------------|--|--|
| City Pair | Washington DC | Salt Lake City,Utah | Austin | Sao Paulo Brazil | | |
| Airline | American | US Airways | American | American | | |
| Travel dates | Travel dates Nov 16-19 | | Nov 16-19 | Nov 16-19 | | |
| Departing flights | 184 | 1187 | 1475 | 969/233 | | |
| Time of day | 11:30am | 9:40am | 8:15am | 6:10am | | |
| Return Flights | 365 | 1187 | 2297 | 7814/2427 | | |
| Time of day | 10:05AM | 12:10pm | 2:25pm | 10:30am | | |
| Class of service | Economy | Economy | Economy | Economy | | |
| Expedia | \$331.20 | 454.20-453.71 | \$190.20 | \$2,791.34 | | |
| Kayak | \$332.00 | \$509.00 | \$191.00 | \$2,501.00 | | |
| Orbitz | \$331.20 | \$497.20 | \$190.20 | \$2,500.44 | | |
| Major airline | \$390.00 | \$699.00 | \$249.00 | \$2,526.00 | | |
| CTP/Concur | \$201.20 | \$497.20 | \$192.20 | \$2,196.44 | | |
| | | | | | | |
| | | | | | | |
| | KAYAK COULD NOT GET THE | | | | | |
| | EXACT FLIGHT/RETURN | Kayak could not get the exact | | | | |
| | FLIGHT TO DFW LEAVING AT | flights. Return flight to MIA | These flights left at different | | | |
| | 10:55 | leaving at 11am | times | | | |



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Advance Services

Advance services, utilizing CTP or cash advances, are available for employees and currently enrolled students to secure travel arrangements for university related travel.

- CTP (Corporate Travel Planners)**
- Cash Advances

**NOTE: The online booking tool used by CTP is referenced as CONCUR. The actual functionality of the online tool is a Concur product which is available with CTP. All email correspondence (approval, itineraries) will come from Concur.

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Advance Services – Corporate Travel Planners

<u>CTP (Corporate Travel Planners)</u> - CTP is the preferred online booking tool for employee travel and offers services that allow employees and/or designated administrative staff to book airfare, hold hotel and rental car reservations as well as manage their travel arrangements online at the portal;

myUNT - https://my.unt.edu/psp/papd01/GUEST/ENTP/h/?tab=DEFAULT

myHSC - https://my.unt.edu/psp/papd01/EMPLOYEE/EMPL/h/?tab=HS_GUEST

- Online Assistance (Help Desk)- 877.727.5188
 - Monday Friday 8:00am 5:30pm CST
- ❖ After Hours Emergency Line- 800.358.1409
 - Extra charges apply-use only in an emergency





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Corporate Travel Planners

Log into CTP Concur using your institutions portal. Review your profile and "Save."

You need to verify the person listed as the 'Approver' in the Traveler's Profile prior to booking. If the "Approver" is not the person who is the DeptID holder for the DeptID that you want to charge for the trip, change your approver to the DeptID holder.

Please be advised that when you click 'HOLD' or 'PURCHASE' a booking fee is assessed. Realize that if you choose "Hold" or "Purchase" you are committing to an agency fee.

Here are some tutorial links that CTP provides.

Logging Into Concur Travel & Expense

Updating Your Travel Profile

Exploring the My Concur Homepage

Creating a Travel Reservation (air, hotel, and car)

Changing a Trip (After Purchase)

This information is located at: http://bsc.untsystem.edu/travel-information



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Advance Services – Cash Advances

<u>Cash Advance funds provided prior to travel</u> – disbursed as an Electronic Fund Transfer (EFT-when applicable). Requests for cash advances are limited to the following:

- Employees who do not qualify for an IBT,
- Foreign travel where credit cards are not accepted or
- Team travel

Cash Advances require a Travel Budget Authorization form with the appropriate approvals to be submitted to BSC Travel, <u>TravelAdvance@untsystem.edu</u> within 10 business days prior to the first day of travel.

Advance Cautions

- Overdue documentation employees or currently enrolled students that have used advance services or received a cash advance must submit a reconciling voucher within 7 business days from the date of return.
- <u>CTP will utilize an approval workflow</u> to obtain DeptID/ProjID holder approvals. However, the Travel Budget Authorization form must be submitted with the travel voucher to show prior approval was given by the supervisor.

FAILURE TO APPROVE IN A TIMELY MANNER MAY RESULT IN A MORE EXPENSIVE AIRFARE

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General Information

Conference Registration – Registration prior to travel should be purchased using an IBT card, purchasing card or a requisition through the BSC Purchasing Area requisition process. Also when you return the conference agenda must be attached to the youcher.

Packaged Travel Services – is the purchase of at least two travel arrangements (i.e. airfare, lodging, and rental car) from an agency or service. Package Travel is discouraged due to receipt requirements.

Other Travel Tidbits

Tax implications-implications- Meals no overnight stay or expenses over 60 days old, in accordance with IRS directive on travel reimbursements, will be sent to the Payroll Office and listed as taxable wages.

<u>Travel to Washington, D.C</u> - travel to Washington, D.C. will be reported to the "Office of State – Federal Relations" by the Business Service Center (BSC) Travel Area.

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Funding Clarifications- State and Local Accounts

| STATE FUNDED TRAVEL RESTRICTIONS | | | | | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|--|--|--|--|
| Advance Services for Students | Not Allowed | | | | | | | | | | | |
| Advance Services Team Travel | Not Allowed | | | | | | | | | | | |
| Establishment of Alternate Designated Headquarters | Not Allowed | | | | | | | | | | | |
| Extra Baggage Fees | Not Allowed | | | | | | | | | | | |
| First Class/ Business Class Airfare Reimbursement | Not Allowed | | | | | | | | | | | |
| Preferred Seating | Not Allowed | | | | | | | | | | | |
| Prospective Employee Family Travel | Not Allowed | | | | | | | | | | | |
| Alcohol Purchase w/ Meal | Not Allowed | | | | | | | | | | | |
| Spousal Travel | Not Allowed | | | | | | | | | | | |
| Student Reimbursement | Not Allowed | | | | | | | | | | | |
| Team Travel | Not Allowed | | | | | | | | | | | |

Most of Travel expenses are restricted to local funds for all System and Institutional travel. Only a few exceptions exist. Some of those include:

- UNT DeptID/ProjIDs: 33XXX RDF;
 GAXXX RDF funded grants; 40840
 and 41XXX/42XXX ATP/ARP.
- UNT HSC DeptID 622XX 62299 Tobacco Endowment

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Expenses- Receipt Requirements

Receipt requirements – for an employee to be reimbursed for an expense, the employee must provide proof that the expense was incurred and paid.

Airfare

- The name of the employee and airline, and
- The ticket number, and
- The class of transportation, and
- The travel dates, and
- The amount of the airfare, and
- The origin and destination of each flight, and
- Proof of payment.

Rental Cars

- The name of the rental company, and
- The name of the employee renting the vehicle, and
- The starting and ending dates of the rental, and
- An itemization of expenses incurred, and
- Proof of payment.

Meals

- Detailed receipt when claiming actuals with proof of payment.
- If attending a conference the agenda needs to be attached to the voucher.

Lodging

- The name and address of the commercial lodging establishment, and
- The name of the employee, and
- The single room rate, and
- A daily itemization of the lodging charges, and
- Proof of payment.

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Expenses

An employee is entitled to be reimbursed for expenses incurred while conducting university business. The employee should select

the most cost effective method of transportation available.

A member institution and/or a department within the member institution may adopt stricter guidelines regarding reimbursement of expenses.

- Transportation
- Meals
- Lodging
- Incidentals



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Expenses-Transportation

<u>Airfare</u>

- Expenses are reimbursed at the actual cost of Coach Class fare on a commercial airline. Business and First class airfare must be approved by the President of the institution.
- Airfare purchased with CTP should be reflected on the TBA and travel voucher to reflect the complete picture of expenses per trip.

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Expenses- Transportation

Rental Cars

- CTP direct billing is setup through CTP for Enterprise and National.
- State contract vendors Avis and Enterprise.
 - You may book with other vendors but you must pay at location and coverages will not be reimbursed without adequate justification for not using a vehicle on state contract or CTP.
- Gas expenses will be reimbursed from actual Receipts.
- Mileage reimbursement may not be claimed when renting a vehicle.

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Expenses- Transportation

Public Transportation

 Public Transportation – employees are entitled to be reimbursed for the actual cost of transportation by bus, subway, other mode of mass transit or taxi if incurred to conduct university business.

Mileage

- **Mileage** employees are entitled to be reimbursed for mileage incurred to conduct state business.
 - The mileage reimbursement rate is inclusive of all expenses associated with the employee's use of his or her vehicle.
 - Mileage is not reimbursed from residence to duty point unless there is cost savings or travel is outside of business hours.
 - Mileage should always been from designated headquarters to duty point.

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Meals

Expenses- Meals

- Per diem (Maxiumum Allowable) OR Actual meals
 - Traveler and Department Heads (DeptID/ProjID holder) should designate on the TBA.
 - Travel Days will be reimbursed at a rate of 75% of the per diem rate.
 - Actual Meals requires <u>supporting detailed receipts</u>.

| MEAL REIM | BURSEMENTREQUIREMENT |
|-------------------------------|--|
| PER DIEM (FLAT RATE PER DAY D | DETERMINED BY DESTINATION - NO RECEIPTS REQUIRED)* |
| LIMITED PER DIEM OF \$ | PER DAY (LIMITED RATE PER DAY - NO RECIEPTS |
| ACTUALS UP TO PER DIEM (RECE | EIPTS REQUIRED) |
| ACTUALS (RECEIPTS REQUIRED) | |
| *On the first and last day: | s of travel may only claim 75% of per diem rate. |

 Alcohol – Alcohol is not allowed on a state funds, ProjID or any DeptID for Athletics. Shared Services, Shared Success,

Expenses- Meals

Lodging

- Should use a commercial lodging establishment who provides detailed receipts.
- Lodging within the DFW area is not permitted without justification and approval from the Chancellor.
- Texas State Occupancy Tax should not be assessed to lodging.
 Travelers should present the completed tax exemption form located in the Forms Library on the BSC website and attempt to have the tax waived.
- Lodging taxes should be separated from the
- lodging expense on the travel voucher.

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Expenses-Incidentals

Incidental Expenses - include, but are not limited to the following:

- Parking –employees may be reimbursed for parking expense incurred while traveling in a personally owned or leased vehicle, rental vehicle, or state-owned or leased vehicle.
- **Toll Charges** employees may be reimbursed for tolls paid when traveling in a personally owned or leased vehicle, rental vehicle, or state-owned or leased vehicle.
- **Telephone calls** where official business is being conducted on behalf of the System or member institution.
- **Copying charges** for specific business purposes that could not be accomplished prior to travel and shipped ahead of the traveler.



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Expenses-Incidentals

- **Shipment of materials** to or from the destination if required.
- **Internet connection** or wireless fees incurred during travel if used for System or member institution business.
- **Tips/Gratuities** something given voluntarily or beyond obligation, usually in response to or in anticipation of a service.
 - Tips/Gratuities included with meal receipts as part of an actual meal reimbursement are allowed.
 - Tips are <u>not</u> allowed on ProjIDs all member institutions.
 - Gratuities are allowed on ProjID's at UNT and UNTD.







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Features of the Forms

All forms are self contained into one excel format:

TRAVEL BUDGET AUTHORIZATION / Travel Voucher front page / Continuation Sheet / Team Roster /

- Data populates to all forms. For example: when you enter the Traveler's name on the Travel Budget Authorization
 Form it will transfer over to the voucher as well.
- For digital signatures, save forms in a .pdf format and route.

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seven business days of the employee's return.

Forms – Travel Budget Authorization

The TBA Form should be completed prior to travel and approved by the supervisor, DeptID/ProjID holder and submitted to the BSC when an advance is required or with the travel voucher.

TRAVEL BUIDGET AUTHORIZATION

| BUSI | NESS | | · · · · · · · | | | | | | |
|--------------------|-----------------------|------------------------|---|-------------|--|---|-----------------------------|--|--|
| | CENTER | | ess Unit INT System (SY769) | | 1 | REIMBUR SEMENT REQUIREMENT DAY DETERMINED BY DESTINATION - NO RECEIPTS REQUIRED)* PER DAY (LIMITED RATE PER DAY - NO RECEIPTS REQUIRED) | | | |
| Shared Services | S. Shared Success. | 0 0 | INT Health Science Center (INT Denton (NT752) INT Dallas (DL773) | (H5763) | ☐ ACTUALS UP TO PER DIEM ☐ ACTUALS (RECEIPTS REQU | (RECEIPTS REQUIRED) (IRED) | | | |
| ommen our vices | or oracic ou occoon | | | | *On the first and la | ast days of travel may only claim 759 | 6 of per diem rate. | | |
| | | | | | DeptIDIProjID holder, and Res This form is not required for i | earch/Grants Office (if applicabl mileage only reimbursements. | e). It must be submitted to | | |
| Date | | | | | EXPENSE ITEM | TOTAL ESTIMATE | CASH ADVANCE AMT | | |
| Traveler Name | | | | AIRFAR | !E | 0.00 | 0.00 | | |
| Employee ID | | | | RENTA | L CAR | 0.00 | 0.00 | | |
| Purpose of trip | | | | TAXI/SI | IUTTLE | 0.00 | 0.00 | | |
| | | | | MILEAG | 3E | 0.00 | 0.00 | | |
| Destination | | | | MEALS | | 0.00 | 0.00 | | |
| Trip Dates | | to | | LODGII | NG | 0.00 | 0.00 | | |
| DeptID/ProjID | | | | PARKIN | ıG | 0.00 | 0.00 | | |
| Prepared by | | | | OTHER | : | 0.00 | 0.00 | | |
| Phone number | | | | | TOTAL | 0.00 | 0.00 | | |
| CASH ADVANCE | E REQUESTED (If ye | es*, identify reasonir | ng below) 🗆 YES | □ NO | | Please indicate the cash advance reasonings do not apply: | e exception when the listed | | |
| Requests for Ca | sh Advances are lir | | tra vel where credit cards ar | | ı | | | | |
| REQUIRED SIGNA | ATURES: | | | | | | | | |
| Traveler Print Nar | ne: | | | DeptID | ProjID Holder Print Name: | | | | |
| Signature | | D | ate | Signatu | ге | | Date | | |
| Supervisor Print N | Name: | | | Pres | iden∜Designee or Grant A | pproval Name: | | | |
| Signature | | De | ate | Signatu | ге | | Date | | |
| **Grant Approval | Print Name: | | | **Require | ed if grant funds are used. | | | | |
| Signature | | Da | ate | ***Requir | red only if travel is internationa | al or on state funds. | revised 06/23/2014 | | |
| *The DentID/Proi | ID listed on this for | m will he charge | the full amount of | of the casi | advance if a travel your | her is not submitted to the | | | |

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Forms- Travel Budget Authorization- **EXAMPLE**TRAVEL BUDGET AUTHORIZATION

| BUSINESS SERVICE CENTER |
|----------------------------------|
| UNT SYSTEM |
| Shared Services, Shared Success, |

| usiness Unit | MEAL REIMBURSEMENT REQUIREMENT |
|--------------------------------------|---|
| NUNT System (SY769) | □ PER DIEM(FLAT RATE PER DAY DETERMINED BY DESTINATION - NO RECEIPTS REQUIRED)* |
| ") UNT Health Science Center (HS763) | ☐ LIMITED PER DIEM OF \$ PER DAY (LIMITED RATE PER DAY - NO RECIEPTS REQUIRED)* |
| | ☐ ACTUALS UP TO PER DIBM(RECEIPT S REQUIRED) |
| UNT Denton (NT752) | ACTUALS (RECEIPTS REQUIRED) |
| UNT Dallas (DL773) | *On the first and last days of travel may only claim 75% of per diem rate. |

Form Purpose: This form should be completed prior to travel and approved by the Supervisor, DeptID/ProjID holder, and Research/Grants Office (if applicable). It must be submitted to the Business Service Center with the completed travel youcher or when an advance is requested. This form is not required for mileage only reimbursements.

| Date | 12/01/14 | | | EXPENSE ITEM | TOTAL ESTIMATE | CASH ADVANCE AMT |
|--------------------|--|------------------------|-------------------------------|--|--|---------------------------|
| Traveler Name | John Smith | | | AIRFARE | 900.00 | 0.00 |
| Employee ID | 12345678 | | | RENTAL CAR | 350.00 | 0.00 |
| Purpose of trip | Attending a conf | erence to futrt | her knowledge | TAXI/SHUTTLE | 20.00 | 20.00 |
| r ur pose or trip | of Library Science | e | | MILEAGE | 30.00 | 0.00 |
| Destination | SanDiego, CA | | | MEALS | 200.00 | 200.00 |
| Trip Dates | 01/01/15 | to | 01/06/15 | LODGING | 1000.00 | 0.00 |
| DeptID/ProjID | 67890 | | | PARKING | 40.00 | 40.00 |
| Prepared by | Jane Doe | | | OTHER: | 0.00 | 0.00 |
| Phone number | 940.369.5500 | | | TOTAL | 2540.00 | 260.00 |
| CASH ADVANCE | REQUESTED (If ye | es*, identify reasonir | ng below) 🗹 YES | □ NO | Please indicate the cash advance reasonings do not apply: | exception when the listed |
| Requests for Ca | sh Advances are lii | | travel where credit cards are | | | |
| REQUIRED SIGNA | ATURES: | | | | | |
| Traveler Print Nar | ne: | | | DeptID/ProjID Holder Print Name: | | |
| Signature | | D | ate | Signature | | Date |
| Supervisor Print N | Name: | | | ***President/Designee or Grant A | Approval Name: | |
| Signature | Attending a conference to of Library Science on SanDiego, CA s 01/01/15 to rojID 67890 by Jane Doe umber 940.369.5500 DVANCE REQUESTED (If yes*, identify restricted to: | Da | ate | Signature | | Date |
| **Grant Approval | Print Name: | | | **Required if grant funds are used. | | |
| Signature | | Da | ate | ***Required only if travel is internation. | al or on state funds. | revised 06/23/2014 |
| | | | | <u> </u> | | 1011300 0012312014 |

*The DeptID/ProjID listed on this form will be charged the full amount of the cash advance if a travel voucher is not submitted to the BSC Travel Area within seven business days of the employee's return.

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Forms- Travel Reconciling Worksheet

This worksheet is used to assist with reconciling travel expenses and is recommended for trips more than two days. Employees or currently enrolled students who have used advance services or received a cash advance must submit a reconciling voucher within seven business days from the date of return. **Optional Form**

| oucher# | | | | Name: | | | | | EmplID: | | | | | | | |
|---------|------------|--------------|---------|-------|------|---------|-----------|---------|---------|------|------|-----------|-----------------|------|--------|-----|
| Airfare | Rental Car | Taxi/Shuttle | Mileage | Meals | Tips | Lodging | Lodge Tax | Parking | Baggage | Gas | Reg | Agent fee | Advances | : | | |
| | | | | | | | | | | | | | | 0.00 | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Total Advance | 0.00 | | |
| | | | | | | | | | | | | | Cash Receiv | red | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Total Cash Royd | 0.00 | | |
| | | | | | | | | | | | | | | | DeptID | |
| | | | | | | | | | | | | | Airfare | 0.00 | | |
| | | | | | | | | | | | | | Rental Car | 0.00 | | |
| | | | | | | | | | | | | | Taxi/Shuttle | 0.00 | | |
| | | | | | | | | | | | | | Mileage | 0.00 | | |
| | | | | | | | | | | | | | Meals | 0.00 | | |
| | | | | | | | | | | | | | Tips | 0.00 | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Lodging | 0.00 | | |
| | | | | | | | | | | | | | Lodge Tax | 0.00 | | |
| | | | | | | | | | | | | | Parking | 0.00 | | |
| | | | | | | | | | | | | | Baggage | 0.00 | | |
| | | | | | | | | | | | | | Gas | 0.00 | | |
| | | | | | | | | | | | | | Reg | 0.00 | | |
| | | | | | | | | | | | | | Agent fee | 0.00 | | |
| | | | | | | | | | | | | | Total Expenses | 0.00 | 0.00 | 0. |
| | | | | | | | | | | | | | Advances (-) | 0.00 | | |
| | | | | | | | | | | | | | Cash Received (| 0.00 | | |
| | | | | | | | | | | | | | | 0.00 | 0.00 | 0.0 |
| | | | | | | | | | | | | | | | Total | |
| | | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | |

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Forms- Travel Reconciling Worksheet- **EXAMPLE**

| | | | | | | | | | F | 400.0 | | | i | | |
|----------|------------|--------------|---------|--------|-------|------------|-----------|---------|-----------|-------|------|-------|-------------------|---------------|-------|
| oucher # | | | | Name: | | JOHN SMITH | | | EmplID: | 12345 | 56/8 | | | | |
| Airfare | Rental Car | Taxi/Shuttle | Mileage | Meals | Tips | Lodging | Lodge Tax | Parking | Int. Fees | Gas | Toll | Other | Advanc | es | |
| 678.90 | 290.66 | 10.00 | 26.12 | 63.25 | 6.75 | 789.00 | 15.15 | 40.00 | | | 3.00 | | CTP Airfare | 835.20 | |
| 156.30 | | 5.00 | | 12.65 | | 129.00 | 3.25 | | | | 2.00 | | | | |
| | | 3.00 | | 6.99 | | | | | | | | | | | |
| | | | | 26.98 | 4.02 | | | | | | | | | | |
| | | | | 10.65 | 2.35 | | | | | | | | | | |
| | | | | 5.65 | 2.33 | | | | | | | | | | |
| | | | | 48.52 | 6.48 | | | | | | | | | | |
| | | | | 10.52 | 0.10 | | | | | | | | Total Advance | 835.20 | |
| | | | | | | | | | | | | | Total Advance | 633.20 | |
| | | | | | | | | | | | | | Cash Rece | ived | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Total Cash Royd | 0.00 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Dept 12345 | 67890 |
| | | | | | | | | | | | | | Airfare | 835.20 | 0/030 |
| | | | | | | | | | | | | | Rental Car | 290.66 | |
| | | | | | | | | | | | | | Taxi/Shuttle | 18.00 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Mileage | 26.12 | |
| | | | | | | | | | | | | | Meals | 174.69 | 10.0 |
| | | | | | | | | | | | | | Tips | 0.00 | 19.6 |
| | | | | | | | | | | | | | Lodging | 918.00 | |
| | | | | | | | | | | | | | Lodge Tax | 18.40 | |
| | | | | | | | | | | | | | Parking | 40.00 | |
| | | | | | | | | | | | | | Int. Fees | 0.00 | |
| | | | | | | | | | | | | | Gas | 0.00 | |
| | | | | | | | | | | | | | Toll | 5.00 | |
| | | | | | | | | | | | | | Other | 0.00 | |
| | | | | | | | | | | | | | Total Expenses | 2,326.07 | 19.6 |
| | | | | | | | | | | | | | Advances (-) | 835.20 | |
| | | | | | | | | | | | | | Cash Received (+) | | |
| | | | | | | | | | | | | | | 1,490.87 | 19.6 |
| | | | | | | | | | | | | | | Tot | |
| | | | | | | | | | | | | | | 1,510 | .47 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 02E 20 | 200.66 | 10.00 | 26.12 | 174.60 | 10.60 | 019.00 | 10.40 | 40.00 | 0.00 | 0.00 | E 00 | 0.00 | | | |
| 835.20 | 290.66 | 18.00 | 26.12 | 174.69 | 19.60 | 918.00 | 18.40 | 40.00 | 0.00 | 0.00 | 5.00 | 0.00 | | | |

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Forms - Travel Voucher

The Travel Voucher should be completed and submitted to travelvouchers@untsystem.edu at the conclusion of the trip with the supporting documentation.

| Steet Address City / State / Zip | Business Unit | | Bus | siness Serv | vice Center | BUS | NES | SSIINI | $T \mid C \setminus C$ | TENT |
|--|--------------------------|-----------------|----------|---------------|-------------|--------------------|---------------|--------------------------|--------------------------|-------------------------|
| © WIT Pleatin Science Center (#SF63) Phone: 940, 989 5500 © WIT Dallise (NJ773) BSS. unitsystem edu Prepared By: Date: Date: Destination: Prepared By: Date: Destination: Destination: Destination: Destination: Prepared By: Date: Date: Destination: Destination: Date: Dat | , , | | | Travel Se | ection | SERVIC | ECENT | TER UJN | IDIS | |
| Proportion (N1752) Date: | | | P | hone: 940. | 369.5500 | Shared Service | s. Shared St | iccess. | | |
| Phone # 0 | | | | bsc.untsyst | em.edu | | Prepared By | v: | Date: | |
| Step | UNT Dallas (DL773 | 3) | <u>t</u> | sc@untsys | tem.edu | | | | Payment Routing: | ▼ |
| Purpose of Travel & Mileage Record | Traveler Name | | 0 | | | | Trip D | ates: | Des | tination |
| Please provide a to and from location when claiming mileage. Odometer readings are allowed as well. Title Date Duties Performed Mileage Mileage Mileage DeptiD/ProjID Numbers Date Duties Performed Mileage DeptiD/ProjID Numbers Date Duties Performed Mileage DeptiD/ProjID Numbers Date Date Duties Performed Mileage Duties Performed Duties Performed Mileage Duties Performed Duties Performed Mileage Duties Performed D | Street Address | | | | | Start: | 01/00/00 | End: 01/00/00 | | |
| Date Duties Performed Mileage | City / State / Zip | | | | | | Р | urpose of Travel & | Mileage Record | |
| Readquarters DeptiD/ProjID Numbers | EmpIID | | 0 | | | *Please provide | a to and from | location when claiming m | ileage. Odometer reading | gs are allowed as well. |
| DeptiD/ProjiD Numbers | Title | | | | | Date | | Duties Perform | ed | Mileage |
| Control Cont | Headquarters | | | | | | | | | |
| Airfare Rental Car Taxi / Shuttle Mileage | Itame to he | avnoncod | Dept | ID/ProjID No | ımbers | | | | | |
| Rental Car | items to be | e expenseu | 0 | | | | | | | |
| Taxi / Shuttle | Airfare | | | | | | | | | |
| Mileage 0.00 miles @ \$ #REFI #REFI | Rental Car | | | | | | | | | |
| Meals | Taxi / Shuttle | | | | | | | | | |
| Lodging S0.00 Date (s) Meals Lodging Lodging Tax | Mileage 0.00 | miles@\$#R | F! #REF! | ! | | | | | | |
| Lodging Tax \$0.00 | Meals | | \$0.00 | | | Cont Pg Miles | 0.00 | Mileage Total: | 0. | .00 |
| Parking | Lodging | | \$0.00 | | | Date | (s) | Meals | Lodging | Lodging Tax |
| Registration Fee | Lodging Tax | | \$0.00 | | | | | | | |
| Telephone/Internet Charge | Parking | | | | | | | | | |
| Other: Other: Travel Expenses #REF! \$0.00 \$0.00 Less Advance Received \$0.00 \$0.00 \$0.00 \$0.00 LIMIT: Reduce total by this amount: Total Reimbursement Due Traveler #REF! \$0.00 \$0.00 Totals \$0.00 \$0.00 \$0.00 I certify that the information provided on this document is true and correct. Traveler print name: Date Signature: Date Signature: Date | Registration Fee | | | | | | | | | |
| Other: Travel Expenses #REFI \$0.00 \$0.00 Less Advance Received Sub-totals 0.00 0.00 0.00 LIMIT: Reduce total by this amount: Continuation sheet 0.00 0.00 0.00 Total Reimbursement Due Traveler #REF! \$0.00 \$0.00 Totals 0.00 0.00 0.00 I certify that the information provided on this document is true and correct. Traveler print name: 0 2nd DeptID/ProjID holder print name: Signature: Date Signature: Date Date Signature: Date Signature: Date NCAA Compliance Officer print name: | Telephone/Internet Charg | je | | | | | | | | |
| Travel Expenses #REF! \$0.00 \$0 | Other: | | | | | | | | | |
| Less Advance Received LIMIT: Reduce total by this amount: Total Reimbursement Due Traveler REF! \$0.00 \$0.00 Totals Continuation sheet U.00 0.00 0.00 U.00 0.00 | Other: | | | | | | | | | |
| LIMIT: Reduce total by this amount: Total Reimbursement Due Traveler #REF! \$0.00 \$0.00 Totals 0.00 0.00 0.00 0.00 I certify that the information provided on this document is true and correct. Traveler print name: Signature: Date Date Signature: Additional approval: Signature: Date Signature: Date NCAA Compliance Officer print name: | Travel Expenses | | #REF! | \$0.00 | \$0.00 | | | | | |
| Total Reimbursement Due Traveler #REF! \$0.00 \$0.00 Totals 0.00 0.00 0.00 0.00 I certify that the information provided on this document is true and correct. Traveler print name: 2nd DeptID/ProjID holder print name: Date Signature: Date Signature: Additional approval: Signature: Date Signature: NCAA Compliance Officer print name: | Less Advance Receive | d | | | | Sub-totals | | 0.00 | 0.00 | 0.00 |
| I certify that the information provided on this document is true and correct. Traveler print name: Date Date Signature: Date Signature: Additional approval: Signature: Date Signature: Date NCAA Compliance Officer print name: | LIMIT: Reduce total by | this amount: | | | | Continuation sl | reet | 0.00 | 0.00 | 0.00 |
| Traveler print name: Date Signature: Date Signature: Date | Total Reimbursemer | nt Due Traveler | #REF! | \$0.00 | \$0.00 | Totals | | 0.00 | 0.00 | 0.00 |
| Signature: Date Signature: Date DeptID/ProjID holder print name: Additional approval: Signature: Date Signature: Date Supervisor print name: NCAA Compliance Officer print name: | | | I certif | fy that the i | nformation | provided on this o | locument is 1 | true and correct. | | |
| DeptID/ProjID holder print name: Signature: Date Signature: NCAA Compliance Officer print name: | Traveler print name: | | | 0 | | 2nd DeptID/Pro | jID holder pr | int name: | | |
| DeptID/ProjID holder print name: Signature: Date Signature: NCAA Compliance Officer print name: | Signature | | | Date | | Signature | | | | Nate |
| Signature: Date Signature: Date Supervisor print name: NCAA Compliance Officer print name: | | rint name: | | Dute | | + | oval: | | | Duto |
| Supervisor print name: NCAA Compliance Officer print name: | popubit tojib notuci p | IIdillo. | | | | -saaraonar app | orui. | | | |
| Supervisor print name: NCAA Compliance Officer print name: | Signature: | | | Date | | Signature: | | | | Date |
| | | : | | | | - | nce Officer p | rint name: | ' | |
| Signature: Date Signature: Date | _ | | | | | 1 | | | | |
| | Signature: | | | Date | | Signature: | | | | Date |

BUSINESS UNT SYSTEM SERVICE CENTER

Shared Services. Shared Success.

Forms - Travel Voucher- **EXAMPLE**

| Busines | ss Unit | | | Bus | iness Serv | ice Center | BUSI | NE | SS | CI AII E | $\Gamma \mid C \setminus C$ | ודי | - N 1 | | |
|----------------|-------------|------------------------------|-------|--------------|-------------|-----------------|------------------------------|-------------|------------------------|-----------------------|-----------------------------|------------------|-----------------|--|--|
| UNT Sys | - | - | | | Travel Se | ection | SERVIC | ECEN | TEI | EUN | 1 3 1 3 | 11(| | | |
| ~ | | ice Center (HS | 763) | Ph | one: 940.3 | 369.5500 | Shared Service | s. Shared S | ucces | s. | ✓ Individual Travel | Tea | am Travel(Roste | | |
| UNT De | - | - | | | bsc.untsyst | em.edu | | Prepared | Ву: | Jane Doe | | | 01/26/14 | | |
| ○ UNT Da | illas (DL77 | 73) | | <u>b</u> | sc@untsys | tem.edu | | Phone # | 940. | 369.7890 | Payment Routing | EFT | | | |
| Traveler Nan | ne | | | John Smith | | | | Trip D | ates | 51 | | | | | |
| Street Addre | ess | | 1 | 23 ABC Lan | е | | Start: | 01/20/14 | | | | iego, | CA | | |
| City / State / | Zip | | Da | 32 | | | P | urpo | se of Travel & M | lileage Record | | | | | |
| EmplID | | | | | | *Please provide | e a to and fro | m loca | ation when claiming mi | ileage. Odometer read | lings are a | Illowed as well. | | | |
| Title | | | L | ead Travele | er | | Date | | | Duties Performe | d | P | Mileage | | |
| Headquarter | rs | | S | ystem Office | | | 01/20/14 | Depa | arted f | rom 123 ABC Lane t | o airport-DFW | | 23.11 | | |
| Items | s to be | expense | d | | D/ProjID Nu | mbers | 01/21/14 | | | Attended conferen | | | | | |
| | | | | 12345 | | | 01/22/14 | | | Attended conferen | | | | | |
| Airfare | | | | \$835.20 | | | 01/23/14 | Departed | from | airport-DFW to return | n to 123 ABC Lane | | 23.11 | | |
| Rental Car | | | | \$290.66 | | | | | | | | | | | |
| Taxi / Shuttle | | | | \$18.00 | | | | NEED ADD | RESS | TO ADDRESS POINT | S OR ODMETER REA | ADINGS | | | |
| Mileage | 46.22 | miles @ \$ | 0.565 | \$26.12 | | | | | | | | | | | |
| Meals | | | | \$174.69 | | | Cont Pg Miles | | _ | Mileage Total: | | .22 | | | |
| Lodging | | | | \$918.00 | | | Date (| | | Meals | Lodging | Lo | dging Tax | | |
| Lodging Tax | | | | \$18.40 | | | 01/20/ | | + | 63.25 | 306.00 | | 6.13 | | |
| Parking | | | | \$40.00 | | | 01/21/ | 14 | + | 12.65 | 306.00 | | 6.13 | | |
| Registration F | | | | | | | | | + | 6.99 | | | | | |
| Telephone/Inte | ernet Cha | rge | | | | | 26.98 | | | 200.00 | | | | | |
| Other: Tolls | | | | \$5.00 | | | 01/22/14 10.65 | | | 306.00 | 6.14 | | | | |
| Other: | | | | 20 000 07 | | | 044004 | | + | 5.65 | | | | | |
| Travel Exper | | | | \$2,326.07 | \$0.00 | \$0.00 | 01/23/ | 14 | + | 48.52 | 040.00 | | | | |
| Less Advance | | | 4. | \$835.20 | | | Sub-totals Continuation s | nhoot | + | 174.69 | 918.00 | | 18.40 | | |
| | | y this amour nt Due Trave | | \$1,490.87 | \$0.00 | \$0.00 | Totals | sneet | + | 0.00 174.69 | 0.00 918.00 | | 18.40 | | |
| Total Relifib | ursenie | III Due Trave | iei | - * | _ | | ovided on this | dooumont | io tri | | 310.00 | | 10.40 | | |
| Traveler prin | nt name | | | | n Smith | rmation pro | 2nd DeptID/Pro | | | | | | | | |
| Traveler prii | nt name: | | | Joni | Smilli | | Ziid Deptib/Pro | ojib noidei | priii | name: | | | | | |
| Signature: | | | | | Date | | Signature: | | | | | Date | | | |
| DeptID/ProjID |) holder | print name: | | | Date | | Additional app | roval: | | | | Date | | | |
| Soption rojit | . Holdel | pt marrie. | | | | | , taditional app | Orun | | | | | | | |
| Signature: | | | | | Date | | Signature: | | | | | Date | | | |
| Supervisor | print nan | ne: | | | | | NCAA Complia | ance Office | er pri | nt name: | | | | | |
| | | | | | | | | | Ť | | | | | | |
| Signature: | | | | | Date | | Signature: | | | | | Date | | | |
| | | | | | | | | | | | | revised | 6/11/13 | | |

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Questions?

Business Service Center

General: 940.369.5500

Toll-Free: 1.855.868.4357

Email: bsc@untsystem.edu



