

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

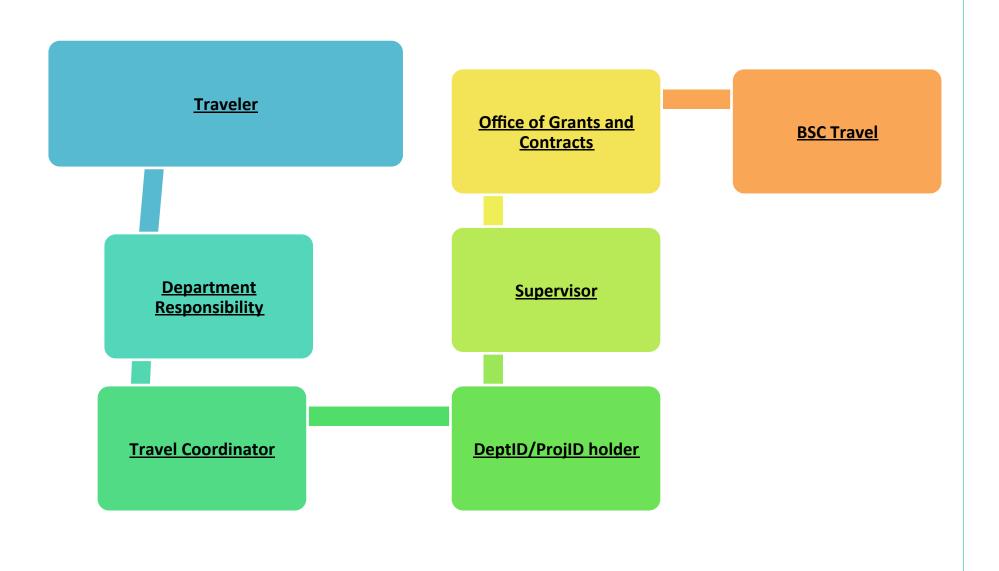
Tell the Story

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

BUSINESS UNT SYSTEM SERVICE CENTER

Shared Services. Shared Success.

Key Roles





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.





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	Nov 16-19	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
	WAYAY COURD NOT CETTUE			
	KAYAK COULD NOT GET THE	W	Could not find once flinks	
	EXACT FLIGHT/RETURN	Kayak could not get the exact	The state of the s	
	FLIGHT TO DFW LEAVING AT	flights. Return flight to MIA	These flights left at different	
	10:55	leaving at 11am	times	



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.



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







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

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



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.

Funding Clarifications- State and Local Accounts

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

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.

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

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.

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.

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.

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 supporting detailed receipts.

MEAL REIME	BURSEMENTREQUIREMENT
PER DIEM (FLAT RATE PER DAY D	ETERMINED BY DESTINATION - NO RECEIPTS REQUIRED)*
LIMITED PER DIEM OF \$	PER DAY (LIMITED RATE PER DAY - NO RECIEPTS
ACTUALS UP TO PER DIEM (RECE	IPTS REQUIRED)
ACTUALS (RECEIPTS REQUIRED)	
*On the first and last days	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.

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.

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.



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.







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.

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.

Business Uni	BUSI	NESS	TR	AVEL BU	JDGE	T AUTHOR	IZATION			
Table	SERVICE UNT S Shared Services	YSTEM s. Shared Success.	Busin	INT System (SY769) INT Health Science Center (F INT Denton (NT752) INT Dallas (DL773)		☐ PER DIEM(FLAT RATE PER☐ LIMITED PER DIEM OF \$ ☐ ACTUALS UP TO PER DIEM ☐ ACTUALS (REŒIPTS REQU	ER DAY DETERMINED BY DESTINATION - NO RECEIPTS REQUIRED)* PER DAY (LIMITED RATE PER DAY - NO RECEIPTS REQUIRED) M(RECEIPTS REQUIRED) QUIRED) Last days of travel may only claim 75% of per diem rate.			
Traveler Name								ej. It mast be sabmitted to		
Employee ID Purpose of trip Purpose of trip Purpose of trip Destination Trip Dates To LOOGING DeptiD/ProjID To LOOGING To LOOGING	Date					EXPENSE ITEM	TOTAL ESTIMATE	CASH ADVANCE AMT		
Purpose of trip Purpos	Traveler Name				AIRFAR	E	0.00	0.00		
Purpose of trip Destination Destination Trip Dates to LODGING DeptiD/ProjID PARKING DATER: Date DeptiD/ProjID TOTAL DeptiD/ProjID DeptiD/ProjID Holder Print Name: Signature Date Date Date Date Date Date Date ""President/Designee or Grant Approval Name: ""Pecquired only if travel is international or on state funds. ""Pecquired only if travel is international or on state funds.	Employee ID				RENTAL	CAR	0.00	0.00		
MILEAGE 0.00 0.0	Purpose of trip				TAXI/SH	IUTTLE	0.00	0.00		
Trip Dates to to LODGING 0.00 0.00 0.00 DeptiD/ProjID PARKING 0.00 0.00 0.00 Prepared by OTHER: 0.00 0.00 0.00 Phone number TOTAL 0.00 0.00 CASH ADVANCE REQUESTED (If yes*, identify reasoning below) YES	r di pose oi trip				MILEAG	BE .	0.00	0.00		
DeptID/ProjID DeptID/ProjID PARKING O.00 O.00 Prepared by OTHER: O.00 O.00 O.00 Phone number CASH ADVANCE REQUESTED (If yes**, identify reasoning below) YES NO Requests for Cash Advances are limited to: Employees who do not qualify for an IBT Foreign travel where credit cards are not accepted Group/Team travel FIGURED SIGNATURES: Traveler Print Name: Signature Date Date Signature Date ***President/Designee or Grant Approval Name: Signature Date ***President/Designee or or state funds.** ***Prequired only if travel is international or on state funds.**	Destination				MEALS		0.00	0.00		
Prepared by OTHER: 0.00 0.00 Phone number	Trip Dates		to		LODGIN	IG	0.00	0.00		
Phone number CASH ADVANCE REQUESTED (If yes*, identify reasoning below) YES NO Requests for Cash Advances are limited to: Employees who do not qualify for an IBT Foreign travel where credit cards are not accepted Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception when the lister reasonings do not apply: Please indicate the cash advance exception wh	DeptID/ProjID				PARKIN	IG	0.00	0.00		
CASH ADVANCE REQUESTED (If yes*, identify reasoning below) YES NO Requests for Cash Advances are limited to:	Prepared by				OTHER:	:	0.00	0.00		
REQUIRED SIGNATURES: Traveler Print Name: Signature Date Date Date Signature Date Date Persident Mame: Signature Date Date Signature Date Print Name: Signature Date Print Name: Signature Date ***President/Designee or Grant Approval Name: ***President/Designee or Grant Approval Name: ***Required if grant funds are used. ****Required only if travel is international or on state funds.	Phone number					TOTAL				
Foreign travel where credit cards are not accepted Group/Team travel	CASH ADVANCE	E REQUESTED (If ye	es*, identify reasonir	ng below) 🔲 YES	□ NO			e exception when the listed		
Traveler Print Name: Signature Date Signature Signature Signature Signature Date ***President/Designee or Grant Approval Name: Signature Signature Date ***President/Designee or Grant Approval Name: **	Requests for Ca	sh Advances are lii	☐ Foreign	travel where credit cards are						
Signature Date Signature Signa	REQUIRED SIGNA	TURES:								
Supervisor Print Name: Signature Date Signature Date Signature Signatur	Traveler Print Nan	ne:			DeptID/F	ProjID Holder Print Name:				
Signature Date Signature Date **Grant Approval Print Name: **Required if grant funds are used. **Required only if travel is international or on state funds.	Signature		D	Pate	Signatu	ге		Date		
***Grant Approval Print Name: ***Required if grant funds are used. ***Required only if travel is international or on state funds.	Supervisor Print N	lame:			***Presi	dent/Designee or Grant A	pproval Name:			
***Required only if travel is international or on state funds.	Signature		Da	ate	Signatu	re		Date		
	**Grant Approval	Print Name:			**Require	d if grant funds are used.				
Signature Date	Signature		D	ate	***Requir	ed only if travel is internationa	l or on state funds.			
*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 with		ID listed on this for			f the cash	advance if a travel your	her is not submitted to the	revised 06/23/2014 BSC Travel Area within		

seven business days of the employee's return.

Forms- Travel Budget Authorization- EXAMPLE TRAVEL BUDGET AUTHORIZATION

BUSINESS SERVICE CENTER
UNT SYSTEM
Shared Services, Shared Success,

Business Unit
UNT System (SY769)
O UNT Health Science Center (HS763)
O UNT Denton (NT752)
O UNT Dallas (DL773)

MEAL REIMB	BURSEMENTREQUIREMENT								
□ PER DIEM(FLAT RATE PER DAY DET	'ERMINED BY DESTINATION - NO RECEIPTS REQUIRED)*								
☐ LIMITED PER DIEM OF \$	PER DAY (LIMITED RATE PER DAY - NO RECIEPTS REQUIRED)*								
□ ACTUALS UP TO PER DIEM (RECEIPT	SREQUIRED)								
ACTUALS (RECEIPTS REQUIRED)	ACTUALS (RECEIPTS REQUIRED)								
*On the first and last days o	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, DeptlDProjID holder, and Research/Grants Office (if applicable). It must be submitted to the Business Service Center with the completed travel voucher 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		her knowledge	TAXI/SHUTTLE	20.00	20.00				
r dipose of trip	of Library Science	e		MILEAGE	30.00	0.00				
Destination	SanDiego, CA			MEALS	200.00	200.00				
Trip Dates	01/01/15	01/01/15 to		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 ADVANC	E REQUESTED (If y	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	mited to: Employe Foreign Group/To	tra vel where credit cards an	n IBT e not accepted						
REQUIRED SIGNA	ATURES:									
Traveler Print Na	me:			DeptID/ProjID Holder Print Name:						
Signature		D	Pate	Signature		Date				
Supervisor Print	Name:			***President/Designee or Grant A	Approval Name:					
Signature		Da	ate	Signature		Date				
**Grant Approval	Print Name:			**Required if grant funds are used.						
G:				***Required only if travel is international or on state funds.						
Signature			ate			revised 06/23/2014				
ATL DATE OF	TD 12-4-3 41-2- 6		1 41 - 6 - 11 4 -	6.4	1 ' 1 ' 1 1 T	100 T 1 A 141.1.				

*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.

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 busines s days from the date of return. **Optional Form**

oucher#			Name:					EmplID:							
Airfare	Rental CarTaxi/SI	nuttle Milea	ige Meal:	s Tips	Lodging	Lodge Tax	Parking	Baggage	Gas	Reg	Agent fee	Advances	.		
			3					33-3-					0.00		
												Total Advance	0.00		
												Cash Recei	ved		
												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.
														Total	
														0.00	
0.00	0.00	0.00 0	.00 0.0	00.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				

Forms- Travel Reconciling Worksheet- **EXAMPLE**

oucher #				Name:		JOHN SMITH	I		EmplID:	1234	5678				
Airfare	Rental Car	Taxi/Shuttle	Mileage	Meals	Tips	Lodging	Lodge Tax	Parking	Int. Fees	Gas	Toll	Other	Advance	25	
678.90	290.66	10.00	26.12		6.75	789.00	15.15	40.00	III. rees	uas	3.00	Other	CTP Airfare	835.20	
156.30	250.00	5.00	20.12	12.65	0.75	129.00	3.25	40.00			2.00		CIFAIIIale	633.20	
130.30		3.00		6.99		125.00	3.23				2.00				
		5.00		26.98	4.02										
					2.35										
				10.65	2.35										
				5.65 48.52	6.48										
				40.52	0.40								T-1-10-1	025.20	
													Total Advance	835.20	
													Cash Rece	ived	
													Total Costs Bound	0.00	
													Total Cash Rcvd	0.00	
														Dept	:ID
														12345	67890
													Airfare	835.20	
													Rental Car	290.66	
													Taxi/Shuttle	18.00	
													Mileage	26.12	
													Meals	174.69	
													Tips	0.00	19.60
													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	19.60
													Advances (-)	835.20	
													Cash Received (+)	0.00	
														1,490.87	19.60
														Tota 1,510	
														1,510	.47
025.20	200.55	40.00	25.42	174.00	10.50	010.00	10.40	40.00	0.00	0.00	F 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			

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.

Business Unit			Bus	iness Serv	ice Center	RUS	NES	SSIINI			
O UNT System (SY				Travel Se	ction	SERVIC	ECENT	E UN			
O UNT Health Scie	,	'63)	만	hone: 940.3	369.5500	Shared Service			☐ Individual Travel	☐ Team Travel(Rost	
UNT Denton (NT			<u> 1</u>	bsc.untsysti	em.edu		Prepared By	γ:	Date:		
UNT Dallas (DL7	73)		<u>b:</u>	sc@untsyst	em.edu		Phone #	0	Payment Routing:		•
Traveler Name			0				Trip D	ates:	Des	tination	
Street Address						Start:	01/00/00	End: 01/00/00			
City / State / Zip							Р	urpose of Travel & l	Mileage Record		
EmpIID			0			*Please provide	a to and from	location when claiming mil	eage. Odometer reading	gs are allowed as well.	
Title						Date		Duties Performe	d	Mileage	
Headquarters											
Itame to b	oe expens	٥d	Deptil	D/ProjID Nu	mbers						
itellis to i	se exhensi	Eu	0								
Airfare											
Rental Car											
Taxi / Shuttle											
Mileage 0.0	10 miles @ \$	#REF!	#REF!								
Meals			\$0.00			Cont Pg Miles	0.00	Mileage Total:	0.	.00	
Lodging			\$0.00			Date	(s)	Meals	Lodging	Lodging Tax	
Lodging Tax			\$0.00								
Parking											
Registration Fee											
Telephone/Internet Cha	arge										
Other:											
Other:											
Travel Expenses			#REF!	\$0.00	\$0.00						
Less Advance Receiv						Sub-totals		0.00	0.00	0.00	
LIMIT: Reduce total I						Continuation sh	eet	0.00	0.00	0.00	
Total Reimbursem	ent Due Trav	eler	#REF!	\$0.00	\$0.00	Totals		0.00	0.00	0.00	_
			I certify	y that the in	formation p	provided on this o	locument is t	rue and correct.			_
Traveler print name:				0		2nd DeptID/Pro	ID holder pr	int name:			
Signature:				Date		Signature:				Date	
DeptID/ProjID holder	print name:					Additional appr	oval:				
Signature:				Date		Signature:				Date	_
Supervisor print nam	ie:					NCAA Complia	nce Officer p	rint name:			
Signature:				Date		Signature:				Date	

Forms – Travel Voucher- **EXAMPLE**

Business Unit			Busi	ness Serv	ice Center	BUSI	NFS	SSI	TINIT		TT	NI		
 UNT System (SY76 	•		Travel Section			SERVICE	CENT	FER L	נ 🖊 נע	SYS	\mathbf{L}	IVI		
UNT Health Science		763)	Ph	one: 940.3	869.5500	Shared Services				✓ Individual Travel				
UNT Denton (NT75	-		<u> </u>	osc.untsyst	em.edu		Prepared E	y:	Jane Doe	Date:		01/26/14		
UNT Dallas (DL773	3)		b	sc@untsys	tem.edu_	1	Phone #	940.369.78	90	Payment Routing	EFT	•		
Traveler Name			John Smith				Trip Da	ates:			tination			
Street Address		1:	23 ABC Lan	е		Start:	01/20/14		1/23/14		iego, C	A		
City / State / Zip		Da	llas, TX 756	32		Purpose of Travel & Mileage Record								
EmpIID			12345678			*Please provide	a to and fron	n location wh	en claiming mil	eage. Odometer read	ings are allo	wed as well.		
Title		L	ead Travele	r		Date		Dutie	s Performe	d	Mil	eage		
Headquarters		S	ystem Office	es		01/20/14	Depar	ted from 12	3 ABC Lane to	airport-DFW		23.11		
Items to be	evnense	he	DeptID)/ProjID Nu	mbers	01/21/14		Attend	led conference	e				
items to be	СХРСПЭС	, u	12345			01/22/14		Attend	led conference	e				
Airfare			\$835.20			01/23/14	Departed f	rom airport-	DFW to return	to 123 ABC Lane		23.11		
Rental Car			\$290.66											
Taxi / Shuttle			\$18.00				NEED ADDR	ESS TO ADI	DRESS POINT	S OR ODMETER REA	DINGS			
	miles @ \$	0.565	\$26.12											
Meals			\$174.69			Cont Pg Miles	0.00		ge Total:	46.				
Lodging			\$918.00			Date (s	-		eals	Lodging		ing Tax		
Lodging Tax			\$18.40			01/20/1			3.25	306.00		5.13		
Parking			\$40.00			01/21/1	4	12.65		306.00	6	5.13		
Registration Fee								6.99						
Telephone/Internet Charg	je								5.98					
Other: Tolls			\$5.00			01/22/1	4		0.65	306.00	6	5.14		
Other:			80 000 07	60.00	60.00	04/00/4			.65					
Travel Expenses			\$2,326.07	\$0.00	\$0.00	01/23/1	4		3.52	040.00	4	2.40		
Less Advance Receive		-t-	\$835.20			Sub-totals Continuation s	heet		.00	918.00 0.00		3.40		
LIMIT: Reduce total by Total Reimbursemen			\$1,490,87	\$0.00	\$0.00	Totals	neer		4.69	918.00		8.40		
Total Relitibul Selliell	t Due Trave		V - 1			ovided on this d	ooumont i			310.00		0.40		
Traveler print name.					mation pro									
Traveler print name:			John	Smith		2nd DeptID/Pro	noider	print name	•					
Signature				Date		Signature:					Date			
Signature:				Date							Date			
DeptID/ProjID holder p	rint name:					Additional appr	ovai:							
Ciamatura.				Data		Ciamatura.					Data			
Signature:				Date		Signature:					Date			
Supervisor print name	e:					NCAA Complia	nce Office	print nam	e:					
a				n .		a: ,					D 4			
Signature:				Date		Signature:					Date revised 6	/11/13		
											revised 0	/11/13		



Questions?

Business Service Center

General: 940.369.5500

Toll-Free: 1.855.868.4357

Email: bsc@untsystem.edu



