

TRAVEL VOUCHER & STATE TRAVEL CARD RECONCILIATION FORM

State University of New York at Fredonia
Traveler must fill in Blue highlighted areas

Voucher #: _____ Payee Amount: _____

Originating Agency: Fredonia		Official Station: Fredonia		Originating Agency Code: 28180		Interest Eligible (Y/N): N		IRS Code:		
NYS EMPLID No			Chase Statement Date			Liability Date:		Merch / Inv. Rec'd Date:		Travel Dates:
Employee Name: Last, First (Full), MI, Suffix						Start Location (<u>MUST</u> include Street, City, State & ZIP)				
Legal Address (address on file in Human Resources)						Destination Location (<u>MUST</u> include Street, City, State & ZIP)				
City		State		Zip Code		Departure Date		Depart Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Normal Office Hours: Start:
						Return Date		Return Time <input type="checkbox"/> AM <input type="checkbox"/> PM		End:
Purpose of Travel/Campus Guest Info/Etc.						This Travel Voucher is: <input type="checkbox"/> A Partial Reimbursement (more to follow next month) <input type="checkbox"/> Final				

Transportation:	Travel/NET Card	Traveler Reimbursement
Common Carrier Expenses		
Airfare (including any Agent Booking or Baggage Fees up to one (1) checked bag)		
Train or Bus		
Vehicle Rental (Up to Standard size vehicle is allowable. Taxes and additional fees are not reimbursable.)		
Fuel (Travel/NET Card cannot be used to fuel a personal vehicle) <input type="checkbox"/> State Van Used		
Personal Vehicle Mileage (Attach AC160 Mileage Statement) (Whole numbers only) _____ miles @ _____ per mile		

Lodging:			
	Days	@	State Rate
			State Rate
			Other Than State Rate (Attach Over Per Diem Memo)

Meals:		Per Diem	# of Breakfasts	20%	# of Dinners	80%
Per Diem Rate:			Breakfasts @		+ Dinners @	
Per Diem Rate:			Breakfasts @		+ Dinners @	
Other Than Per Diem Rate:			Breakfasts @		+ Dinners @	

Incidental Expenses:			
Parking/Tolls			
Taxi/Shuttle			
Subway			
Charter Bus			
Visa/Passport			
Historical/Cultural Site/Museum			
Training Facility/Service			
Other:			

Registration/Conference Fees: _____

CARDHOLDER and/or PAYEE'S CERTIFICATION (Original Signature Required)	Total Travel Card Charges	Total Due to Traveler
I hereby certify that the above account and attached schedules are just, true and correct, I was in attendance and that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.		
	OR	
Traveler's Signature _____ Title _____ Date _____	Traveler's Total Trip Allowance	

SUPERVISOR'S CERTIFICATION (Original Signature Required)			
I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized duties.			
Total Amount Due from Traveler Attach personal check payable to : Fredonia			
Supervisor's Signature _____		Title _____ Date _____	

UNSPSC CODE	ACCOUNT NUMBER	OBJECT CODE	Amount	UNSPSC CODE	ACCOUNT NUMBER	ObjCode	Amount