

# 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: <b>Fredonia</b>                   |  | Official Station: <b>Fredonia</b> |                      | Originating Agency Code: <b>28180</b> |          | Interest Eligible (Y/N): <b>N</b>   |  | IRS Code: _____  |  |                             |
| NYS EMPLID No   |  |                                   | Chase Statement Date |                                       |          | Liability Date:   |  | Merch / Inv. Rec'd Date:                                     |  | Travel Dates:               |
| Payee/Cardholder 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  |  | Time <input type="checkbox"/> AM <input type="checkbox"/> PM |  | Normal Office Hours: Start: |
|   |  |                                   |                      |                                       |          | Return Date   |  | Time <input type="checkbox"/> AM <input type="checkbox"/> PM |  | End:                        |
| Purpose of Travel                                     |  |                                   |                      |                                       |          | <b>This Travel Voucher is:</b><br><input type="checkbox"/> A Partial Reimbursement (more to follow next month) <input type="checkbox"/> Final |  |  |  |                             |

| Transportation:   | Travel/NET Card | Traveler Reimbursement |
|---|-----------------|------------------------|
| <b>Common Carrier Expenses</b>  |                 |                        |
| Airfare (including any Agent Booking or Baggage Fees up to one (1) checked bag)                                       |                 |                        |
| Train or Bus  |                 |                        |
| <b>Vehicle Rental</b>   |                 |                        |
| Fuel (Travel/NET Card cannot be used to fuel a personal vehicle) <input type="checkbox"/> State Van Used              |                 |                        |
| <b>Personal Vehicle Mileage</b> (Attach AC160 Mileage Statement)<br>(Whole numbers only) _____ miles @ _____ per mile |                 |                        |

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

| Meals:                    |  | 100%         | 20%     | 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:                          |  |  |

Please Note:  
Incidental Expenses should be charged on the Travel Card whenever possible!

**Registration/Conference Fees:**

|  |  |                       |
|--|--|-----------------------|
| <b>CARDHOLDER and/or PAYEE'S CERTIFICATION</b><br>(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                                     |                       |
|  | <b>Traveler's Total Trip Allowance</b> |                       |
| Traveler's Signature _____ Title _____ Date _____  |  |                       |

|  |  |  |
|--|--|--|
| <b>SUPERVISOR'S CERTIFICATION</b><br>(Original Signature Required)   | Total Amount Due from Traveler                     |  |
| 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. | <b>Attach personal check payable to : Fredonia</b> |  |
|  |  |  |
| Supervisor's Signature _____ Title _____ Date _____  |  |  |

| UNSPSC CODE | ACCOUNT NUMBER | OBJECT CODE | Amount | UNSPSC CODE | ACCOUNT NUMBER | ObjCode | Amount |
|-------------|----------------|-------------|--------|-------------|----------------|---------|--------|
|             |                |             |        |             |                |         |        |
|             |                |             |        |             |                |         |        |
|             |                |             |        |             |                |         |        |