

# 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:
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
			Return Date	Return Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Purpose of Travel/Campus Guest Info/Etc.			Normal Office Hours: Start: End:	
			<b>This Travel Voucher is:</b> <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 (Up to Standard size vehicle is allowable. Taxes and additional fees are not reimbursable.)</b>		
<b>Fuel</b> (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) (Whole numbers only) miles @ per mile		

Lodging:				
	Days	@	State Rate	
	Days	@	State Rate	
	Days	@	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.		
Traveler's Signature Title Date	<b>OR</b>	
	Traveler's Total Trip Allowance	

SUPERVISOR'S CERTIFICATION (Original Signature Required)					Total Amount Due from Traveler Attach personal check payable to : Fredonia		
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.							
Supervisor's Signature Title Date							

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