

# 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		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.					<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>		
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) (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:		

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

**Registration/Conference Fees:** \_\_\_\_\_

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

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