Edwardsville Campus End User Instructions

FORM – Travel Expense Voucher

**Use:**
To request reimbursement for expenses incurred while traveling on behalf of the University.

**Access:**
Access the form here: [http://www.siue.edu/its/ais](http://www.siue.edu/its/ais). Click on AIS Edwardsville E-Forms and then Travel Expense Voucher.

**Instructions:**
Complete the form online using the following instructions: (Unless noted, all fields are **REQUIRED**.)

**Department Contact Information Section:** Provide basic contact information on who to contact in case of questions or problems.

- **Name**
  Contact person (can be traveler, preparer or fiscal officer).

- **E-mail**
  E-mail address of the contact person listed.

- **Phone No.**
  Phone number of the contact person listed.

- **Box**
  Campus box number of the contact person listed.

- **Purpose of Trip**
  Briefly explain the purpose of the trip: what, when and where.

**Account Information Section:** Provide basic information about the account(s) to be charged. The travel reimbursement can be split between four different Budget Purposes. The sum of all of the Budget Purposes must equal the net amount of the request.

- **Budget Purpose**
  Required. List the Budget Purpose(s) that is/are to be charged.

- **Object**
  The object code that needs to be charged.

- **FFY**
  The fiscal year the travel reimbursement is to be charged to. This needs to be completed if a state (Fund 7010000) account is being charged.

- **Amount**
  The dollar amount that the Budget Purpose(s) is/are to be charged. If multiple Budget Purposes are listed, the sum of all amounts should equal the total reimbursement amount.

**Traveler Information Section:** Provide information about the traveler.

- **Banner ID:**
  Enter traveler’s Banner ID. (Format 800XXXXXX)

- **Last Name**
  Enter traveler’s last name.
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First Name  Enter traveler’s first name.
MI  Enter traveler’s middle initial.
Street  Enter traveler’s home Street Address.
Apt No.  Enter traveler’s Apt No if applicable.
City  Enter traveler’s home City.
State  Enter traveler’s home State.
Zip Code  Enter traveler’s home Zip Code.

Has your address changed since the last time you submitted a travel voucher?
Select Yes or No.

Note: If the home address is different from what is on record with Human Resources:

1) Contact HR for the procedures to change the address and
2) Attach a note to the voucher that the address has changed, the date that the necessary changes were submitted to HR and the correct mailing address.

Is the payment to an U.S. Citizen or Permanent Resident?
Select Yes or No.

Note: If No, then a Contractual Services Voucher needs to be completed along with the Travel Voucher and sent to Human Resources Box 1040.

Itinerary Section: Provide detailed itinerary information about the travel.

Date  Provide date of travel.
Departed From Place  List the place of departure: City, State. Abbreviate if necessary. If you feel further explanation is needed, please use the Justification Section.
Departed From Time  Provide the time of departure.
Arrived At Place  List the place of arrival: City, State. Abbreviate if necessary. If you feel further explanation is needed, please use the Justification Section.
Arrived At Time  Provide the time of arrival using military time (no colon).
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**Mileage**  
If personal automobile is used, note the number of miles driven between the places of departure and arrival. The reimbursement rate typically changes on July 1st. For travel prior to July, use the earlier version of the Travel Expense Voucher.

**Auto Mileage**  
This is a calculated total using the number of miles entered in the Auto Mileage field.

**Trans**  
Provide the cost of transportation here. (i.e., airfare, rental car)

**Lodging**  
Provide the cost of lodging.

**Meals or Per Diem**  
Enter the allowable meals or per diem amounts to be reimbursed.

**Other Expenses Item**  
List any other allowable expenses including taxi charges, parking, tips, allowable telephone costs, etc.

**Other Expenses Amount**  
Itemize the amount for the allowable expenses listed above. (The items must be listed separately.)

**Line Totals**  
This is a calculated total. Note that the total on the Totals line rounds up to the nearest penny.

**TOTALS**  
These subtotals are calculated. No entry is required.

**AP Use boxes**  
Leave Blank.

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**Last Name**  
Do not enter any data. This field is auto-populated with the last name of the traveler.

**First Name**  
Do not enter any data. This field is auto-populated with the first name of the traveler.

**MI**  
Do not enter any data. This field is auto-populated with the MI of the traveler.

**Banner ID**  
Do not enter any data. This field is auto-populated with the Banner ID Number of the traveler.

Expense Justification Section: Provide justification for the items listed under Other Expenses. Also, use this section to provide additional information and details of the travel as needed.

**Date**  
From the itinerary, provide the date the expense item was incurred.

**Expense Item**  
From the itinerary; provide a description of the expense item.
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(i.e. lodging, parking, etc.)

Justification
State the justification or explanation for each expense item.

Was a registration fee paid?
Select Yes or No.

Date of Meeting
Enter the both the start and end dates if attending meeting or conference.

Was a personal vehicle utilized?
Select Yes or No.

NOTE: Check yes if a personal vehicle was used at all.
i.e. You were dropped off at the airport.

Was a University vehicle used?
Select Yes or No.

Were any other forms of University funds used to pre-pay any itemized amounts?
Select Yes or No. If yes:

1) Do not itemize the expense but list in the Justification section only OR
2) Deduct the amount from the travel voucher in the line that states Less: Amount Not Allowed. This amount is entered as a positive number. The calculation subtracts the amount from the total.

NOTE: According to Sec 5.2 (Items Billed Directly) in the “Travel Guide for University Employees”, all charges billed directly to the University must be itemized, asterisked and footnoted as such. In all such cases, copies of the billing must also be attached.

Less Amount Not Allowed
Leave blank unless:

1) Need to deduct itemized expenses that were paid by the University OR
2) There is a need to deduct an amount from the total due to departmental policy. If a number is entered, it should be entered as a positive number.

Net Amount of Request
Do not enter any data. This is a calculated number.

Less Travel Advance
Leave blank unless you received a travel advance from the Bursar’s Office. The Travel Advance should be entered as a
positive number. If the traveler has made a partial reimbursement to the Bursar’s Office for the travel advance, the amount of the partial reimbursement should be reflected in the amount entered here (i.e., travel advance – partial reimbursement = amount entered). The amount entered should not be more than the Net Amount of Request. If the travel advance is more than the Net Amount of Request:

1) Make a notation of the difference in the Justification section AND
2) Enter on the Less Travel Advance line an amount up to, but not greater than, the Net Amount of Request. This amount will carry down to Amount Due University line. A check payable to the University will then be generated and will be sent to the Bursar’s Office.
3) The difference between the actual travel advance and the amount entered on Less Travel Advance line equals the amount that the traveler must repay to the Bursar’s Office.

**Amount Due Traveler**
Do not enter any data. This is a calculated number. If this is a positive amount, a check will be generated to the employee.

**Amount Due Univ. (Attach check)**
Do not enter any data. This is a calculated number. If there is an amount in this field, a check will be generated payable to the University and forwarded to the Bursar’s Office to be applied to the travel advance.

Administrative Approval Section: Acquire the appropriate administrative approvals.

**Traveler Signature/Date**
Traveler must sign and date the reimbursement request.

**Fiscal Officer Signature/Date/BP**
The fiscal officer must sign and date the form by the correct Budget Purpose. If more than one Budget Purpose is being charged for the expense, the fiscal officer for each Budget Purpose must sign and date the form. If the fiscal officer is responsible for more than one of the Budget Purposes being used, they only need to sign once.

**Additional Approval (when appropriate)**
If the fiscal officer is the traveler, the signature of the fiscal officer’s departmental chair or unit administrator must sign and date the form.
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**Special Notes:** All travel regulations must be followed. These instructions are for the completion of the *Travel Expense Voucher* form. If you have questions or concerns about the travel regulations, please contact Accounts Payable.

**Routing:** To submit: print form, acquire all necessary signatures, attach all supporting documentation and mail to: Accounts Payable, Box 1003.