

TRAVEL VOUCHER

Traveler must fill in Blue highlighted areas

AC 132-A

State University of New York College at Brockport

Originating Agency SUNY Brockport		Originating Agency Code 28150	Interest Eligible (Y/N) N	Travel Date	Invoice Rec'd Date
NYS EMPLID No		Home Residence (City name only)		Payee Amount	Official Station
Payee Name (Last) (First-Full) (MI) Suffix			Ref/Inv Number TRAVEL		
Home Address					
City	State	Zip Code	Departure Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Destination (<u>MUST</u> include Street, City, State & ZIP)		County	Return Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Purpose of Travel					

Transportation:	Reimbursement
Common Carrier Expenses	
Airfare (must include proof of payment)	\$
Train or Bus	\$
Vehicle Rental	\$
Fuel for Rental Vehicle (When taking a State Vehicle use the Gas Card in the vehicle)	\$
Personal Vehicle Mileage (Attach AC160 Mileage Statement) (Whole numbers only) <input type="text"/> miles @** \$ <input type="text"/> per mile	\$

Lodging:			
<input type="text"/>	Days	@	<input type="text"/> State Rate
\$			
<input type="text"/>	Days	@	<input type="text"/> State Rate
\$	(Attach Over Per Diem Lodging Justification)		

Meals:					
Per Diem Rate:	<input type="text"/>	Breakfasts	@	\$ <input type="text"/>	+
					<input type="text"/>
					Dinners @
					\$ <input type="text"/> \$ <input type="text"/>
Per Diem Rate:	<input type="text"/>	Breakfasts	@	\$ <input type="text"/>	+
					<input type="text"/>
					Dinners @
					\$ <input type="text"/> \$ <input type="text"/>

Incidental Expenses:	
Parking/Tolls	\$
Taxi/Shuttle	\$
Subway	\$
Other:	\$

Registration/Conference Fees:	\$
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PAYEE'S CERTIFICATION	Total Reimbursement Due to Traveler																																								
I hereby certify that the above account and attached schedules are just, true and correct, 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	\$																																								
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Quick Reference Travel Guide

Please use this quick reference guide to assist you in filling out the travel that applies to your trip.

- Last Name & First Initial
- Home address, city, state, & zip code
- Purpose of travel
- Official station
 - The official station should be the employee's usual work location(i.e. The College at Brockport, home address)
- Destination (**MUST** Include County)
 - The county can be located at http://www.naco.org/Template.cfm?Section=Data_and_Demographics&Template=/cffiles/counties/city_srch.cfm
- Departure Date and Time; Return Date and Time
- Lodging: Please see web pages for the lodging per diem rates at: http://www.brockport.edu/pps/travel/diem_rates.html. Provide the number of days and how much per day.
 - If the traveler goes over the lodging per diem rate, a justification letter must be attached stating why the traveler did not use a hotel that offers the per diem (e.g. location of the conference, going rate at that time).
- Meals: Please see web pages for the breakdowns of the per diem rates at: http://www.brockport.edu/pps/travel/diem_rates.html. Provide a breakdown of breakfast and dinner, and put the total amount in the amount column. Receipts are needed for meals if the traveler is not claiming the per diem rate
- If claiming mileage, a Statement of Auto Travel (Mileage Form) – AC160 is required. Please sign and attach to travel voucher. If you do not sign the statement, it will be returned to you.
- Attach all original receipt(s) (lodging, airline tickets, etc.)
- Incidentals (e.g. parking, tolls, taxi, baggage fees)
- Attach documentation of conference fees – Proof of payment by traveler.
- Attach a Copy of Program/Agenda of the conference showing the opening and closing times.
- List form of transportation: vehicle rentals, train, and airfare. Provide proof of payment by the traveler. Please state if pre-payment of airfare was claimed on another travel voucher.
- Traveler's signature
- Supervisor's signature
- Traveler requesting reimbursement must obtain the authorized signature of the account number if different than supervisor
- Account Number on Travel Voucher – (provide under cost center code)

If you have questions, please contact Chelsea Donnelly at x2338 or see the Procurement and Payment Services web pages at <http://www.brockport.edu/pps/travel/>. Thank you.