

Payment Date MM/DD/YY (For Office Use Only)			MIR Date MM/DD/YY (For Office Use Only)		Liability Date MM/DD/YY (For Office Use Only)	
Payee Name (Last)	Payee Name (First)	MI	Suffix	Invoice Number TRAVEL		
Address				Invoice Date MM/DD/YY (For Office Use Only)		
Address				Official Station		
City	State	Zip		Destination (including County, City, State, and ZIP)		
Purpose of Travel						

Departure Date And Time	Return Date And Time	Travel Advance	Yes No	Paid By Direct Bill	Yes No	Corporate Card	Yes No
1) Indicate All Travel Expenses – Enter description for expenses (Use detail sheet if necessary)		Totals		2) Summary		Amount	
Lodging				A. Total Travel Expenses			
Transportation (describe below and enter total amount)				B. Subtract Amount Billed to Corporate Card			
Meals (describe below and enter total amount)				Other Direct Bill to Agency (Specify)			
				C. Subtract Amount Paid With Travel Advance			
Mileage @ ¢ per mile =				D. Other Adjustments			
Incidental Expenses (e.g. tolls, taxi, baggage fees, ferry, registration fees (describe below and enter total amount)				Positive adjustments should be entered as a negative value as it will be subtracted from the total. Notes should be listed below.			
Total Travel Expenses - Enter in Section 2A Line				Total Amount To Be Reimbursed To Traveler			

Payee's Certification

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.

Signature: _____ Title: _____ Date: _____

Supervisor's Certification

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 official duties

Signature: _____ Title: _____ Date: _____

Expenditures: Note: Object and Amount will be completed by Accounts Payable

Departmental Funding Limitations: Note: This section only needs to be completed if there are departmental funding limitations and/or multiple accounts being used to fund the trip.

Accounts No. Unit	Object	Amount	Accounts No. Unit	Amount Limited to	Authorized Signature

Travel Voucher 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 name, and middle 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. SUNY Plattsburgh, home address (if specifically designated differently by supervisor)
- Destination (MUST Include County)
 - The county can be located at: <https://explorer.naco.org/index.html?zipSearch>
- Departure Date and Time; Return Date and Time
- Lodging: Please see web pages for the lodging per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. Provide the number of days during the travel and the daily rate of the travel and how much per day.
 - If the traveler goes over the lodging per diem rate, an over per diem lodging justification form must be submitted stating why the traveler did not use a hotel that offers the per diem.
- 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.
- Meals: Please review GSA maximum per diem rates. Provide a breakdown of breakfast and dinner, and put the total amount in the amount column. If claiming receipted meals and/or meals were charged to the travel/NET credit card, enter each meal amount in this area.
- If claiming mileage, a Statement of Automobile Travel is required. Please attach to travel voucher. If you do not submit the statement, the voucher will be returned to you.
- Incidentals (e.g. parking, tolls, taxi, baggage fees)
- Enter total travel expenses at the bottom of Section 1 and Section 2A.
- Subtract amount billed to corporate card: enter the total dollar amount of any expense that were paid with the Procurement, Travel and/or NET credit card here.
- Other direct bill to agency: enter any expenses that were paid for with a purchase order
- Subtract amount paid with travel advance: if a travel advance was given prior to the trip, enter the amount here.
- Other adjustments: enter any gratis amounts here. If the traveler needs to pay back a portion of the charges, enter that amount here. If extra room is needed for expenses paid for with purchase orders, the purchase order numbers and amounts can be entered here.
- Total amount to be reimbursed to traveler: Enter the total amount to be reimbursed to the traveler. This amount should not include any expenses paid for by purchase order, travel advance and/or Travel/NET credit card.
- Payee Certification: Traveler's Signature
- Supervisor Certification: Supervisor's Signature
- Expenditures: enter the account number to charge the traveler's reimbursement to. Note, if multiple account numbers need to be charged, enter the account numbers and amounts in the "departmental funding limitations" area.
- Departmental funding limitations: Only complete this section if multiple accounts are being used to reimburse the traveler.
- Traveler requesting reimbursement must obtain the authorized signature of the account number if different than supervisor.
- Attach all original receipt(s) (lodging, airline tickets, etc.)
- 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.

If you have questions, please email travel@plattsburgh.edu