Tennessee State University Claim for Travel Expense Out-of-State Travel Checklist

Items Needed:

- 1. Claim For Travel Expense Form
- 2. Tennessee Board of Regents General Travel Policy
- 3. Original receipts
- 4. Purchase Order Number (out of state travel will be issued a different PO number. This is NOT your In-STATE PO number)

Line Items

- Department Name Cooperative Extension
- **D** Travel Purchase Order Number PO Number provided
- □ FOAPAL Fund number provided, Org 17095, Account 73200, Program 300
- Banner Vendor ID Number Your T Number WITHOUT T
- □ Claimant Your Name (please no nicknames, only the name listed in the directory)
- □ For The Period FROM Month, Day, Year of travel (e.g. 7/5/16); TO Month, Day, Year (e.g. 7/8/16)
- Date First day of departure (e.g. 7/5). Will use a different line for each day of travel.
- Place Departed Location of departure site (e.g. Jackson, TN). You may use your home address if the travel is on a weekend or holiday. You may also use your home address if the distance is shorter to destination.
- □ Place Arrived Location of destination (e.g. New Orleans, LA).
- □ Miles You may report your actual mileage. Mileage is verified by the Travel Office.
- □ Airline, Bus or Rental Car Enter actual amount only if you incurred expense. Must have original receipt. If Wright Travel secured airline ticket, you will not claim.
- **D** Taxi of Limo Enter actual amount only if you incurred expense. Must have original receipt.
- **D** Lodging Enter actual amount of rate and taxes per night. Must have original receipt.
- Meals Per Diem Use 75% column for days of departure and return. Use 100% column for days not of departure nor return (e.g. depart 7/5 (75% day), 7/6 (100% day), 7/7 (100% day), return 7/8 (75% day). Use Tennessee Board of Regents General Travel Policy for general reimbursement rates.
- □ Parking Enter actual amount only if you incurred expense. Must have original receipt.

University Policy (5.9.15) - Claims for reimbursement of travel expenses should be **SUBMITTED NO LATER THAN THIRTY** (30) DAYS after completion of the travel. Claims submitted after this period **MUST** provide written explanation for the delay.

- □ Other Enter actual amount only if you incurred expense. Must have original receipt. Examples of other may include registration fees, etc.
- □ Comments and Explanations Purpose of the travel (e.g. Annual National Association of Extension 4-H Agents Conference)
- □ Home Address Complete home mailing address
- □ Signature Sign, TSU email address, and county office phone number
- □ Official Station County Director signature and date

Items to Submit

- **G** Signed Claim For Travel Expense
- □ Original receipts

Mail Signed Claim and original receipts to

Cooperative Extension Tennessee State University 3500 John A. Merritt Blvd Nashville, TN 37209

> If you have any questions, please contact LaSonia Brown (615) 963-1351 lasonia.brown@tnstate.edu

** Make Copies of the signed claim form and original receipts prior to mailing. **



FINANCE & ACCOUNTING

					CLAI	M FO	R TRA	VEL I	EXPE	NSE						
Department Name Cooperative Extension					Travel Purchase Order Number									P12345678		
<u>FOAPAL</u> Claimant	Fund TBD	<u>Ora</u> TBD John Doe	<u>Account</u> 73100	Program 300 FO	R THE PERIOD FI	ROM	7/5/16		то	Banner Ve 7/8/16	ndor ID Number			T12345678		
Trans				- Transpo	ortation				Subsistence			Other Expenses		3		
			Mileage		Airline, Bus Taxi					Meals						
Date	Place Departed	Place Arrived	Miles	Total	<u>or</u> <u>Rental Car</u>	<u>or</u> Limo	Lodging	Per 100%	Diem 75%	Otl Other	her Explanation	Parking	Other	Explanation	Grand Total	
7/5	Nashville, TN	New Orleans, LA	11	\$ 5.17	\$-	\$ 30.00	\$ 153.00	\$-	\$ 48.00						\$ 236.17	
7/6			0	-			153.00	64.00							217.00	
7/7			0	-			153.00	64.00							217.00	
7/8	New Orleans, LA	Nashville, TN	11	5.17		30.00			48.00						83.17	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			0	-											-	
			22	\$ 10.34	\$-	\$ 60.00	\$ 459.00	\$ 128.00	\$ 96.00	\$-		\$-	\$-		\$ 753.34	
					Cash Receipt Number				_				Gross Amo Less Tempora Refund Ow	ary Allowance	\$ 753.34 -	
Comments and Explanations:					ACCOUNTING OFFICE USE ONLY				1							
Annual National Association of Extension 4-H Agents Conference					VENDOR # T12345678								Amount Du	e Employee	\$ 753.34	
					INVOICE #				I certify that the expenses claimed were for a business purpose and to the best of my knowledge, comply with TBR Travel Policy and I have not/will not receive reimbursement from any other source.							
					FOAP # TBDTBD73100300											
HOME ADDRESS								Signature			E-Ma	E-Mail Address Phone #				
Name John Doe					PO# P12345678											
Address 1234 Somewhere Lane								Official Station Position				Date				
City/State Somewhere, TN					AMOUNT											
Zip+4 01234-5678										President/Vice President/Dean/Chairman/Director					Date	