Tennessee State University Claim for Travel Expense In-State Monthly Travel Checklist

OTHER EXPENSES CLAIMED

Items Needed:

- 1. Claim For Travel Expense Form
- 2. Tennessee Board of Regents General Travel Policy
- 3. Original receipts
- 4. Purchase Order Number

~	•		т.			
L	П	ıe	Ιt	е	m	S

Department Name – Cooperative Extension
Travel Purchase Order Number – PO Number provided
FOAPAL – Fund number provided, Org number provided, Account – 73100, 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 (i.e. 7/5/16); TO – Month, Day, Year (i.e. 7/8/16)
Date – First day of departure (e.g. 7/5). You 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. Nashville, TN).
Miles – You may report your actual mileage or use mileage from an online mapping website. Mileage is verified by the Travel Office.
Airline, Bus or Rental Car – Enter actual amount only if you incurred expense. Must have original receipt.
Taxi or Limo - Enter actual amount only if you incurred expense. Must have original receipt.
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.

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.

ш	Parking - Enter actual amount only if you incurred expense. Must have original receipt.
	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. Agent Showcase and Small Farms Expo)
	Home Address – Complete home mailing address
	Signature – Sign, TSU email address, and county office phone number
	Official Station – County Director signature and date
	to Submit 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



CLAIM FOR TRAVEL EXPENSE

316	Date		rman/Director	President/Vice President/Dear/Chairman/Director	President/Vice									01234-5678	Zip+4
										AMOUNT				Somewhere, TN	ľ
Date	IΩ	ition	Position		Official Station								1e	1234 Somewhere Lane	Address
								P12345678		P: O: #				John Doe	Name
Phone #	Pho	E-Mail Address	E-Mail /		Signature								HOME ADDRESS	I	
							300	TBDTBD73100300	II.	# d¥O3					
·BR	edge, comply with T	e best of my knowl Ir source.	urpose and to the	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.	expenses claimed w	I certify that the c Travel Policy and				INVOICE #					
\$ 643.70	e Employee	Amount Due Employee						T12345678		VENDOR #			rms Expo	Agent Showcase and Small Farms Expo	Agent Show
	7	9						ACCOUNTING OFFICE USE ONLY	DODUTING O	AC		tions:	Comments and Explanations:	Comme	
	ed to TSU*	Refund Owed to TSU*													
\$ 643.70	Int of Claim	Gross Amount of Claim Less Temporary Allowance							ot Number	Cash Receipt Number					
\$ 643.70		-	\$ 15,00		1	\$ 88.50 \$	\$ 118.00	\$ 300.00	\$	s -	\$ 122.20	260			
•											1	0			
											-	0			
												0			
												0			
1												0			
											,	0			
											-	0			
												0			
•											•	0			
-											-	0			
												0			
1											-	0			
•												0			
105.35						44.25					61.10	130	Jackson, TN	Nashville, TN	7/8
164,00	Hotel parking		5.00					100.00				0			7/17
164,00	Hotel parking		5.00				59.00	100.00				0			7/6
\$ 210.35	Hotel parking	€ 7	٥		÷9	\$ 44.25	ş .	\$ 100.00	€/>		\$ 61.10	130	Nashville, TN	Jackson, TN	7/5
Total	Explanation	Other	Parking	Explanation	Other	6 75%	100%	Lodaina	Limo	ental Car	Total	Miles	Place Arrived	Place Departed	Date
					Meals		7			Airline, Bus	Mileage	Mil			
	\$	Other Expenses		***************************************	ø	Subsistence				rtation	Transportation				
				***************************************	7/8/16	ั ซี		7/5/16	ROM	FOR THE PERIOD FROM			John Doe		Claimant
	T12345678			Banner Vendor ID Number	Banner Ven						300	Account 73100	TBD	TBD	FOAPAL
	P12345678			Order Number	Travel Purchase Order Number					•		Cooperative Extension	Coo	ame .	Department Name
								CLAIM TOX TXX TIT	TY TO						