



Student Travel

	<p>Each Student is allocated \$1000.00 per fiscal year (Oct 1-Sept 30)</p> <p>Travel request and reimbursement will follow university guidelines</p> <p>Forms must be signed by the student and the advisor</p> <p>Airfare and registration are paid in advance; all other expenses are reimbursed at the end of the travel. (Up to the \$1000.00 limit)</p>
STEP 1:	<p>Students must complete the Title III travel justification form and submit the required documentation to the Office Manager..</p> <ul style="list-style-type: none"> • Title III justification, signed by the student, advisor • The justification must relate to one of the program objectives and show how attending the conference will benefit the student and their studies. • Student waiver form • Purchase requisition form • Registration information Include a copy of the registration paperwork and who the check will be sent to. • Meeting/Conference agenda • Travel requisition form Include a copy of the estimated travel cost(s) • Transportation information Flight, miles, taxi, parking • Hotel information Copy of the hotel confirmation • Per Diem for the conference city (http://gsa.gov/portal/content/104877?utm_source=OCM&utm_medium=print-radio&utm_term=HP_01_Requested_perdiem&utm_campaign=shortcuts)
STEP 2:	<p>The travel will be reviewed by the Title III office and the student, and advisor will be notified of the (dis) approval.</p> <p>If approved, the Office Manager will obtain the following approval initials:</p> <p>Dr Tyler</p>

	Marjorie Seward Stacie Wade Patrick Granberry Dr Burch- Sims
STEP 3:	Office Manager will input the approved travel in Sciquest
STEP 4:	Office Manager will send the approved copy of the TR, travel PR, and PO to the student and advisor. A copy will also go into the students file
STEP 5:	Once the travel is complete, the student will submit a claim form for reimbursement. <u>The form must be submitted within two weeks of the end travel date.</u> The reimbursement form must have the students and advisor's signature. Note: Students must submit all original receipts
STEP 6:	Once the claim form is submitted to Title III, the Office Manager will obtain all required approval initials Dr Tyler Marjorie Seward Stacie Wade Patrick Granberry Dr Burch-Sims
STEP 7:	The claim form is then sent to accounts payable for processing.



CHECKLIST: Travel Requisition

- Traveler's name
- FOAP
- Employee ID or Social Security Number
- Travel Requisition number (retrieve from SciQuest)
- Airfare (Wright Travel)
- Departure/ Return dates match supporting documentation (traveler allowed to leave one day prior to meeting, if necessary)
- Traveler's signature
- Agenda/ itinerary/ or team roster
- Student release forms when traveling with students
- Hard copy match correct forms and dollar amount in SciQuest
- International travel requires appropriate VP signature
- Original approved requisition with travel supplement
- Hotel justification, if over the maximum allowed amount for that location
- Purpose of travel (supporting documentation)
- Supervisor approval in SciQuest

COMMENTS:

CLAIM FOR TRAVEL EXPENSE

Department Name

Travel Purchase Order Number

	Fund	Org	Account	Program
<u>FOAPAL</u>	000000	00000	00000	000

Banner Vendor ID Number

Claimant

FOR THE PERIOD FROM

TO

Date	Place Departed	Place Arrived	Transportation				Subsistence					Other Expenses			Grand Total
			Mileage		Airline, Bus or Rental Car	Taxi or Limo	Lodging	Meals				Parking	Other	Explanation	
			Miles	Total				Per Diem		Other					
								100%	75%	Other	Explanation				
			0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -		\$ -	
			0	-										-	
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			0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -		\$ -	

Cash Receipt Number

Gross Amount of Claim	\$ -
<u>Less Temporary Allowance</u>	-
Refund Owed to TSU* or Amount Due Employee	

Comments and Explanations:

ACCOUNTING OFFICE USE ONLY

VENDOR #	T00000000
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INVOICE #

FOAP # 0000

PO # P0000000

AMOUNT

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.

Signature

E-Mail Address

Phone #

Official Station

Position

Date _____

President/Vice President/Dean/Chairman/Director

Date

HOME ADDRESS

Name

Address

City/State

Zip+4

STUDENT TRAVEL, COMPETITION & EVENT RELEASE

I have decided to participate in _____ (competition/event) and related activities scheduled for _____ - _____. I hereby acknowledge that participating in this competition/event is a privilege and that while participating in this activity, I will abide by all policies, rules and regulations of my school and the host school and/or program sponsor.

I understand that competition and related activities, including travel, whether by airplane, bus, automobile, shuttle, other vehicle or on foot is potentially hazardous. The inherent risks include injury, illness, auto or other accident and death. I am voluntarily participating in these activities, traveling and possibly accepting meals, and, if applicable, lodging with knowledge of potential dangers involved. I have reached the age of majority (18), and I am competent to make this decision for myself. If I am a minor (younger than 18), I have obtained the written permission of a parent or legal guardian. I hereby agree to assume and expressly accept any and all risks, including injury and death.

I am not suffering from any medical condition that would prevent my safe participation in any of the activities involved in this competition/event or any program or activity in which I will be involved during the trip that would prevent my participation in this event's activities. I will use care for my own safety and well-being. I have *not* been advised by a physician or any other health care provider to limit my travel or activities. I have either had a physical examination and have been given a physician's permission to participate, or I have decided to participate in these activities without the approval of a physician. I assume all responsibility for my participation in the competition and related activities.

Neither the host school, staff/faculty/chaperones of Tennessee State University or the State of Tennessee will assume responsibility for personal injury or for conduct by any person, whether a program or competition participant or not for personal property loss that includes (but is not limited to) such items as clothing, jackets, shoes, eyeglasses, back packs, luggage, purses, wallets, calculators, cameras, cellular telephones, pagers, computers, digital planners or PDAS, jewelry, books, money, or video and audio equipment. This acknowledgment does not affect my rights as to any person who injures or damages my person or possessions.

I will not hold the host school or the State of Tennessee liable for any loss or injury that occurs while I am traveling or participating in a competition/school related event or other activities. I excuse, release and forever discharge the host school and the State of Tennessee, its officer, agents, employees, and representatives (the "releasees") from any and all liability for injuries or damages resulting from my participation in the above-mentioned activity, any related activities, travel or my use of equipment. I also release the releasees from any responsibility or liability for injury or damage to myself or injury or damage and cause to others, including that caused by the negligent acts or omissions of releasees or in any way arising out of or connected with my participation in any travel, event or related activity, or the use of any vehicle or equipment, whether owned by myself or others. This release will also prevent my family from suing releasees and binds my spouse, if I have one, my estate, my siblings, parents, heirs, and assigns, I acknowledge that the host school and the State of Tennessee will not provide medical coverage if I am injured or if I injure someone else, and that the host school and the State of Tennessee will be in no way responsible for any injury, loss or any untoward event that occurs.

Student Print Name

Student Signature

Date

Date of Birth

ID #

Emergency contact and telephone number

Signature of Tennessee State
University Representative

Date

Parent's Signature (if minor)

Date



Travel Justification

Traveler Name

Phone

Email

Date of Travel

Total Amount of Travel

PR#

Please describe how this travel relates to your Title III Activity. State the objective first, then provide justification/purpose.

Travel Checklist:

☐ Travel was budgeted in your original proposal

☐ Registration completed

☐ Meals

☐ Baggage

☐ Taxi

☐ Lodging

☐ Mileage

☐ Airfare

☐ Parking

☐ State Car

Signature of Traveler

Signature of Immediate Supervisor

If all items are not completed, your Travel will be held until completion.



TRAVEL OFFICE

TRAVEL REQUISITION

Date: _____ T _____

PART I: TRAVEL DATA (All applicable items must be completed)

Traveler's Name:	Department:	FOAP
Home Address:	Employee ID No.:	Tel. No.: (Office) _____ (Home) _____ e-mail address: _____

Travel Advance Requested: () Yes () No (Note: Semi-monthly employees only unless group travel is involved)

Type Travel: () Individual () Group () Overseas	Travel Contact Person: _____	TSU PO Box # _____	No. in Group _____
Applicable Supporting Documents Attached: () Yes () No			
Overseas Travel Authorization Attached: () Yes () No			
Destination:	Departure Date: _____ Return Date: _____	Departure Time: _____ Return Time: _____	Meeting Date(s): _____

MODE OF TRAVEL/ACCOMMODATIONS

☐ Air ☐ Train ☐ Commercial Rental Car ☐ Enterprise Rent-A-Car ☐ Personal Car ☐ Other: _____

Charter Transportation Required: ☐ Bus ☐ Aircraft ☐ Size (No. Passengers) _____

Enterprise Rent-A-Car (class requested): () Economy () Compact () Intermediate/Standard () Van () Other: _____

Name and Address of Motel/Hotel: _____

() Single () Double No. of Rooms: _____ No. of Persons: _____ No. of Nights: _____

COST ESTIMATE INFORMATION

Mileage: \$ _____ 0 No. of Miles/Rate: _____ x 0.47 Airfare: \$ _____ Baggage: \$ _____

Meals: \$ _____ Taxi: \$ _____ Parking: \$ _____ Lodging: \$ _____ Rental Car \$ _____

Other Expenses: (specify) _____ \$ _____ \$ _____

Total Amount of Requisition: \$ _____ 0 Grant Officer Approval: _____

PART II

Blanket Travel Authorization []	In State []
Single Trip Authorization []	Out-of-State []

PURPOSE FOR TRAVEL:

I UNDERSTAND THAT A PAYROLL DEDUCTION WILL BE MADE BY THE STATE FOR A TRAVEL ADVANCE IF A CLAIM IS NOT FILED IN A REASONABLE LENGTH OF TIME OR UPON TERMINATION OF EMPLOYMENT.

PART III: APPROVALS FOR PART I and II ONLY

Traveler's Signature: _____	President or Designee: _____
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PART IV: TRAVEL EXCEPTION (Approval as required and ONLY by the President or designee)

Travel require exception to established travel policies due to :

A. _____ Official Resort/Convention Lodging Rates of \$ _____ plus tax per day. (attach conference brochure or info from conference website)

B. _____ OTHER (describe): _____

Approved: (President or Designee) _____

Date: _____

TSU Travel Office Use Only: Date Airfare Faxed _____ Banner Ref. Number _____

PURCHASE REQUISITION FOR TRAVEL

 Revised July 2009
 (Previous edition obsolete)

 P.R. Number: _____
 (To be assigned by department.)

 SOURCE: _____

**THIS IS NOT A
PURCHASE ORDER**

Date of Requisition		Department			Fund-Org-Account-Program		
					- - -		
Contact Person		Telephone Ext.	Date Needed	Related TR#(s)			
Item	Qty.	Unit	DESCRIPTION AND SPECIFICATIONS	UNIT PRICE		TOTAL PRICE	
				Cost	Per		

 Total Amount of Requisition \$ 0.00

Manual Signature of Requisitioner	Date
Name of Requisitioner	
Approved:	Date
Department Head / Dean	Date
Approved:	Date
VP or Designee	Date

Please obtain all required signatures