SHIPPENSBURG UNIVERSITY (PLEASE TYPE OR PRINT LEGIBLY USING BALLPOINT PEN.)

TRAVEL EXPENSE VOUCHER

TRAVELER'S NAME ______________________ DEPARTMENT/OFFICE ______________________

HEADQUARTERS [1] ______________

HOME ADDRESS ______________________ BARGAINING UNIT ______________

YEAR	COST CENTER	GL ACCOUNT	AMOUNT

EACH TRAVELER MAY CLAIM **ONLY** THEIR EXPENSES.

DATE	ITINERARY			TRANSPORTATION [2]			LODGING [3]		MEALS [4]	MISCELLANEOUS		TOTAL
YEAR ____ MO./DAY	TIME(hh:mm) LV	RET	LOCATION(S)	PERS. AUTO MILES	UNIV. CAR/VAN/BUS (Circle One) OR NAME OF CARRIER	ACTUAL COST	NAME OF HOTEL	ACTUAL COST	ACTUAL/ PRORATED COST	REGIST./CONFERENCE FEES[5]; PARKING, TOLLS, OTHER [6]	ACTUAL COST	
												0
												0
												0
												0
												0
												0
												0
				0		0		0	0		0	0

DATE	PURPOSE OF TRAVEL/COMMENTS

ALL NON-OVERNIGHT MEAL ALLOWANCES CLAIMED ON THIS FORM WILL BE REIMBURSED THRU THE PAYROLL SYSTEM AS TAXABLE INCOME.

0 PERSON AUTO @ ____ ¢ MILE	0
TOTAL REIMBURSEMENT CLAIMED	0

MY NORMAL WORKING HOURS ARE ______________ to ______________ (FOOTNOTES ON REVERSE)

FR # ______________

I CERTIFY THAT THE STATEMENTS AND EXPENSES CLAIMED ARE CORRECT AND REASONABLE, AND WERE INCURRED IN THE PERFORMANCE OF UNIVERSITY DUTIES, AND THAT I HAVE NOT AND WILL NOT ACCEPT REIMBURSEMENT OF ANY OF THESE EXPENSES FROM ANY OTHER SOURCE.

BY SIGANTURE, I ACKNOWLEDGE AND CONFIRM THAT I HAVE CLAIMED ACTUAL COSTS OF MEALS AND OTHER SUBSISTENCE EXPENSES UP TO THE MAXIMUM RATES ESTABLSIHED BY THE CHANCELLOR.

______________________________ ______________________________

TRAVELER SIGNATURE DATE SUPERVISOR SIGNATURE DATE

EMPLOYEES AND SUPERVISORS ARE RESPONSIBLE FOR INSURING THAT EXPENSES CLAIMED ON TRAVEL EXPENSE VOUCHERS ARE PROPER AND ACCURATE. THIS FORM MUST BE RECEIVED BY ACCOUNTS PAYABLE WITHIN 60 DAYS OF RETURN DATE.

TRAVEL EXPENSE VOUCHER INSTRUCTIONS

1 Employees are not eligible for reimbursement of transportation expenses between residence and headquarters. When an employee is required to travel directly from home to a work or conference site, the distance from home to work site, or headquarters to work site, whichever is shortest, will be used to calculate mileage.

2 Original receipts required for plane, bus, train; original receipt required for taxi in accordance with current SSHE Travel Regulations and Commonwealth of Pennsylvania Travel and Subsistence Expenses Management Directive.

3 Original receipts required, both hotel bill and method of payment. If hotel expense exceeds maximum allowable by regulation, justification required.

4 PLEASE NOTE THAT ALLOWANCE FOR MEALS DOES NOT REQUIRE RECEIPTS. HOWEVER, THEY ARE NOT FLAT RATES AND ONLY AMOUNTS EXPENDED MAY BE CLAIMED. Collective bargaining agreement provisions apply to meal allowances. By signature, the traveler acknowledges and confirms that they have claimed ACTUAL COSTS OF MEALS AND OTHER SUBSISTENCE EXPENSES up to the maximum rates established by the chancellor.

5 Receipt required. A copy of the conference brochure or registration form must be submitted with the Travel Expense Voucher. If Registration was prepaid by University, indicate Prepaid Registration; and do not include in TOTAL REIMBURSEMENT CLAIMED.

6 Original receipts may be required, in accordance with current SSHE Travel Regulations and Commonwealth of Pennsylvania Travel and Subsistence Expenses Management Directive.

STAPLE RECEIPTS TO BACK OF TRAVEL EXPENSE VOUCHER