

UNIVERSITY OF CENTRAL OKLAHOMA

State of Oklahoma Travel Reimbursement Voucher

Please Select Applicable Travel: Out-of- State: [ ] In-State: [ ]

Complete this form after returning from trip. Submit all applicable documentation & receipts to Travel Office ADM Room 109 or Box 161. Expenses claimed must comply with state & federal regulations.

Contact & Travel Information

Name: \_\_\_\_\_ Banner ID\* \_\_\_\_\_
Official Duty Station: \_\_\_\_\_ State Official or Employee? [ ] Yes [ ] No
Department / Title: \_\_\_\_\_ Organizational Acct. # \_\_\_\_\_
Detailed Nature of Business:( \_\_\_\_\_
From: \_\_\_\_\_ To: \_\_\_\_\_
Point of origin Destination
Departure Date: \_\_\_\_\_ Hour: \_\_\_\_\_ AM [ ] PM [ ] (Select One) Please attach a detailed log sheet for multiple, In-State travel days.
Return Date: \_\_\_\_\_ Hour: \_\_\_\_\_ AM [ ] PM [ ] (Select One)
Total Days: \_\_\_\_\_ Total Hours: \_\_\_\_\_
Traveler can claim expenses up to a maximum of 24 hours before and after the trip to allow for travel times.

Registration/ Transportation

Registration Payment Method (Select One - REQUIRED)
[ ] No Registration [ ] Claimed for Reimbursement [ ] Direct Pay by University, List PO # \_\_\_\_\_ (REQUIRED)
Mode of Transportation: (Select One - REQUIRED)
[ ] Private Vehicle, Tag Number: \_\_\_\_\_ (REQUIRED) [ ] Airline Ticket PO# \_\_\_\_\_
[ ] State Vehicle, Tag Number: \_\_\_\_\_ (REQUIRED)
[ ] \*Airline Ticket (Purchased Own)..... Claimed: \$ \_\_\_\_\_ (72122)
Total Mileage\*\* Claimed must be noted as follows:
MAP: \_\_\_\_\_ Vicinity: \_\_\_\_\_ \$ \_\_\_\_\_ (72121) (72111)
Map Mileage - see the following link: http://www.okladot.state.ok.us/hqdiv/p-r-div/howfar/okmile.htm
Vicinity Mileage - any miles which exceed Map miles.
Seek http://www.uco.edu/administration/pur-pay-trav/ travel/index.asp for current per mile reimbursement rate
\*In NO case will reimbursed mileage exceed lowest cost airfare. Enclosed a State Agency airfare quote (Required) - Out-of-State Trips Only
\*\* Allowable mileage is 50 miles (round-trip - Will Rogers World Airport) at the current mileage rate.

Meals & Per-Diem

Meals (Per Diem) - Must be in "Overnight Travel Status" to claim
Instructions for calculations can be found
Total Per-Diem for Designated Trip (Claim based on total time of trip, see instruction form) \$ \_\_\_\_\_
Number of meals included in registration \_\_\_\_\_ (Claim based on instruction form) \$ ( \_\_\_\_\_ )
Allowable Claim - {Based on total per-diem} minus ( # of meals included in registration) \$ \_\_\_\_\_ (72123) (72112)

Other Expenses

Local Transportation: (Taxi, Rental Car, Shuttle, etc.): \_\_\_\_\_ \$ \_\_\_\_\_ (72124) (72113)
Letter of Justification required for rental car reimbursement
Lodging: Direct Paid by University List PO# \_\_\_\_\_ Claimed Amount: \$ \_\_\_\_\_ (72126) (72115)
Use Perdiem Rates Look-Up to determine lodging rates for your trip. An agenda with designated lodging indicated must be submitted with this form. If no designated lodging is indicated, government per diem rates for the city will apply.
Other Expenses with Receipts: \_\_\_\_\_ \$ \_\_\_\_\_ (72125) (72114)
Registration: \_\_\_\_\_ \$ \_\_\_\_\_ (72125) (72114)
Tolls: \_\_\_\_\_ \$ \_\_\_\_\_ (72125) (72114)
Parking: \_\_\_\_\_ \$ \_\_\_\_\_ (72125) (72114)
Business Related Phone Calls: \_\_\_\_\_ \$ \_\_\_\_\_ (72125) (72114)
Fuel for Rental Car: \_\_\_\_\_ \$ \_\_\_\_\_ (72125) (72114)

Total Claim Amount (cannot exceed total approved on Out-of-State Travel Request) \$ \_\_\_\_\_
[ ] Non-Employee (72131)
VP Signature for Faculty Finalists Only

Signature of Traveler \_\_\_\_\_ Signature Organizational Manager (In-State Travel Only) \_\_\_\_\_ Date \_\_\_\_\_
\_\_\_\_\_ @ \_\_\_\_\_
Date Campus Phone Number E-mail Address (Print)

I, \_\_\_\_\_, by signing here do under penalty of perjury, declare that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief. I also certify that no frequent travel miles earned from any official state transportation has been used for personal transportation purposes.

Assignment
I hereby assign this claim to:
\_\_\_\_\_
and authorize the State Treasurer to issue payment to the said assignee
\_\_\_\_\_
Claimant Signature
\_\_\_\_\_
Date