Quick Reference Travel Guide

Please use this quick reference guide to assist you in filling out the travel that applies to your trip.

- Last name & first initial
- Home address, city, state & zip code
- Purpose of travel
- Official station
    - The official station should be the employee's usual work location (i.e., SUNY Brockport, home address).
- Destination (**MUST** include county)
    - The county can be located at: **NACo County Explorer**
- Departure date and time & return date and time
- Lodging: Please see web pages for the lodging per diem rates at: **Per diem rates | GSA**

  *Provide the number of days and how much per day.
    - If the traveler goes over the lodging per diem rate, a justification letter must be attached stating why the traveler did not use a hotel that offers the per diem (e.g., location of the conference, going rate at that time).
- Meals: Please see web pages for the breakdowns of the per diem rates at: **Per Diem Rates: SUNY Brockport**

  *Provide a breakdown of breakfast and dinner, then put the total amount in the amount column.

  *Receipts are needed for meals if the traveler is not claiming the per diem rate.
- If claiming mileage, a Statement of Auto Travel (Mileage Form) – AC160 is required. Please sign and attach to Travel Voucher. If you do not sign the statement, it will be returned to you.
    - For trips exceeding 125 miles round-trip when a personal vehicle is used, a Personal vs. Rental Vehicle Cost Comparison Form must be included.
- Attach all original receipt(s) (lodging, airline tickets, etc.)
- Incidentals (e.g., parking, tolls, rideshare, baggage fees)
- Attach documentation of conference fees – proof of payment by traveler.
- Attach a copy of Program/Agenda for the conference, showing the opening and closing times.
- List form of transportation: vehicle rentals, train, and airfare. Provide proof of payment by the traveler. Please state if pre-payment of airfare was claimed on another Travel Voucher.
- Traveler's signature
- Supervisor's signature
- Traveler requesting reimbursement must obtain the authorized signature of the account number if different than supervisor.
- Account number on Travel Voucher (provide under cost center code)

If you have questions, please contact travel@brockport.edu or see the Procurement and Payment Services web pages at: **Travel Procedures & Reimbursement: SUNY Brockport**

TRAVEL VOUCHER

Traveler must fill in Blue highlighted areas **AC 132-A**

State University of New York College at Brockport

Originating Agency	Originating Agency Code	Interest Eligible (Y/N)	Travel Date	Invoice Rec'd Date
SUNY Brockport	**28150**	**N**		
NYS EMPLID No	Home Residence (City name only)		Payee Amount	Official Station
Payee Name (Last) (First-Full) (MI) Suffix			Ref/Inv Number **TRAVEL**	
Home Address				
City	State	Zip Code	Departure Date	Time AM PM
Destination (MUST include Street, City, State & ZIP)	County	Return Date		Time AM PM
Purpose of Travel				

Transportation:	**Reimbursement**
Common Carrier Expenses	
Airfare (must include proof of payment)	$
Train or Bus	$
Vehicle Rental	$
Fuel for Rental Vehicle (When taking a State Vehicle use the Gas Card in the vehicle)	$
Personal Vehicle Mileage (Attach AC160 Mileage Statement) (Whole numbers only) ____ miles @** $ ____ per mile	$ 0

Lodging:					
	Days @		State Rate		$
	Days @		State Rate	(Attach Over Per Diem Lodging Justification)	$

Meals:								
Per Diem Rate:		Breakfasts @	$	+		Dinners @	$	$
Per Diem Rate:		Breakfasts @	$	+		Dinners @	$	$

Incidental Expenses:	
Parking/Tolls	$
Taxi/Shuttle	$
Subway	$
Other:	$
Registration/Conference Fees:	$

PAYEE'S CERTIFICATION

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties

Traveler's Signature Title Date

Total Reimbursement Due to Traveler

$

SUPERVISOR'S CERTIFICATION

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized duties.

Supervisor's Signature Title Date

FOR PROCUREMENT USE ONLY

UNSPSC CODE	ACCOUNT NUMBER	OBJECT CODE	Amount		UNSPSC CODE	ACCOUNT NUMBER	ObjCode	Amount