Brooklyn College — The City University of New York

CUNYfirst

State of New York Travel Voucher

1. NYS Employee ID	2. CUNYfirst EMPLID	3. Social Security Number	**Interest Eligible** **N**	Voucher No.

4. First Name	5. Last Name
Payee Amount	Liability Date

6. Address 1
Invoice Number

Address 2
MIR Date
Invoice Date

7. City	8. State	9. Zip	10. Mobile Number	11. Work Number

12. Email	13. Departure Date and Time	14. Return Date and Time

15. Purpose of Travel (include name of conference if applicable)	16. Destination (City, County, State/Country)

Travel Card and Reimbursement Expenses

For the NYS Travel Guidelines, visit www.brooklyn.cuny.edu/bc/offices/avpbandp/finance/travel.htm

	Total Expenses	**Instructions**

LODGING

17.

No. Nights _____ **x** Room Rate (not including tax) _____ Per Night **+** Total Tax _____ **=**

Instructions:
- Domestic Per Diem Rates
- International Per Diem Rates
- Provide original itemized receipts for hotel.
- If room rate exceeds the per diem rate, please contact the Office of Accounts Payable.

TRANSPORTATION

18a. ☐ Flight/Train — Description _____ Fare Amount _____ **+** Baggage and Fees _____ **=**

Please attach **original** boarding passes and itinerary that shows payment.
Only economy class is reimbursable.

18b. ○ Rental Car — Rental Fee _____ **=**

Please attach a letter of justification explaining why it was necessary to use a rental car rather than other means of transportation and whether or not it was the most cost-effective method.

18c. ○ Personal Vehicle — Amount (Indicate number of miles and rate per mile) _____ **@** _____ per mile **=**

Please attach directions showing total miles traveled, Statement of Automobile Travel and receipts for all other expenses. Please visit http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm for rates per mile.

19. MEALS

19a. ○ Per Diem — Per Diem Rate _____ No. of Breakfasts _____ (20% of per diem) **+** No of Dinners _____ (80% of per diem) **=**

- Domestic Per Diem Rates
- International Per Diem Rates
- **Lunch is not reimbursable.**

19b. ○ Receipts — Description _____ Amount _____ **=**

Only business related and other necessary expenses are reimbursable.
Include receipts for all other expenses.

OTHER

20. Description _____ Amount _____ **=**

Total	

21. CUNYfirst Chart Fields

Department Number	Program	Fund	Operating Unit	Special Initiative	Fund Source	MP	Account Number

22. 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.

Authorized Signature	Title	Date

23. 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 official duties.

Authorized Signature	Title	Date

For Agency Use Only

I certify that this claim is correct and just, and that this payment is approved.

Authorized Signature	Date

Account	Amount

1. Enter payee's New York State Employee ID (NYS EMPLID). The number can be found on the State's pay check stub i.e. N12345678 (State employees only).

2. Enter payee's eight-digit CUNYfirst Employee ID.

3. Enter payee's nine-digit Social Security Number. You must enter your full SSN for the first time reimbursement via CUNYfirst. If you submitted paperwork for reimbursement since July 1st, 2013, you may enter the last 4 digits of your SSN.

4-12. Please enter payee's first, last name, mailing address, mobile number, work number and email address. Please note the mailing address must be the same address as provided to Payroll Office. If you would like to have a different mailing address you will need to change the address with Payroll first and then complete this form. For employees payroll checks set up for direct deposit, the reimbursement will be deposited as a separate transaction into the same bank account(s) provided to Payroll.

13-14. Enter Departure date and time from your official station and Return date and time to your official station. Your official station could be either your home or Brooklyn College.

15. Enter the name or title of your conference/meeting/research.

16. Enter the location of your conference/meeting/research.

17. Enter the number of nights you stayed at the hotel. Enter the room rate per night and total tax paid. Please visit this website to check the rates: http://www.gsa.gov/portal/content/104877

If you stayed with a relative or a friend you can still be reimbursed $50 flat rate fee per day for lodging and meals.

18a. If you traveled by airplane or train, please check the box. Enter what type of transportation was used. Enter the fare amount and enter baggage and taxes fees (if any).

18b. If you rented a car and you got prior approval by your supervisor, please enter an actual rental fee amount.

18c. If you used a personal vehicle, please enter total miles traveled. You can obtain the total miles by using GoogleMaps, YahooMaps, or MapQuest. Enter mileage rate. Please visit the following website to check current mileage rates: http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm

19a. If you are using an un-receipted method, which means you stayed at the hotel and you have a lodging receipt, you can choose to use per diem for meals. Please visit this website to check the rates: http://www.gsa.gov/portal/content/104877

19b. If you are using receipted method, please specify number of breakfasts and/or dinners and put in the total amount.

20. Enter any other miscellaneous expenses. Describe the type i.e. conference registration fee, tolls, taxi, subway, or parking and enter the total amount.

21. Enter department number, program, fund, operating unit, special initiative, fund source, and MP. Please use CUNYfirst chart field crosswalk: http://www.brooklyn.cuny.edu/bc/offices/avpbandp/finance/cunyfirst/crosswalk.htm

22. Payee's signature, title and today's date are required.

23. Supervisor's/chairperson's signature, title and today's date are required.