Brookiyn The City College State of New York Travel Voucher



1. NYS Employee ID		2. CUNYfirst EMPLID		3. Social Security Number		Interest Eligible Voucher No. N				
4. First Name 5.			5. Last Name	5. Last Name		Payee Amount		Liability Date		
6. Ad	dress 1				Official U	Invoice Nur	nber			
Address 2				6 MIR Date				Invoice Date		
7. City 8. State			8. State	9. Zip 10. Mobile N			Number 11. Work Number		er	
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)										
1 1	Denses Clain			ent ı/bc/offices/avpbandp/	/finance/trave	htm	Total Expenses	Instr	uctions	
PODGING	17. No. Nights		ot including tax) Per Night +	Total Tax		=		Domestic Per Diem Rates International Per Diem Ra Provide original itemized If room rate exceeds the p the Office of Accounts Pa	receipts for hotel. oer diem rate, please contact	
19. MEALS TRANSPORTATION	18a. D Flight/Train	Description		Fare Amount	Baggage a			Please attach original bo that shows payment. Only economy class is re	arding passes and itinerary	
	18b. O Rental Car	Rental Fee				=		it was necessary to use a	ustification explaining why rental car rather than other and whether or not it was ethod.	
	18c. O Personal Vehicle		cate number of mil	es and rate per mile) per mile		=		Statement of Automobile other expenses. Please vis	howing total miles traveled, Travel and receipts for all it http://www.osc.state. NebHelp/Content/XIII/4/C.	
	19a. O Per Diem	Per Diem Rate —	No. of Breakfast (20% of per o		f Dinners	=		Domestic Per Diem Rates International Per Diem Ra Lunch is not reimbursab		
	19b. O 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								
Depa	artment Number Pro	gram	Fund	Operating Unit	Special Initia	tive F	und Source	MP	Account Number	

22. Payee's Certi			For Agency Use Only			
paid, except as stated t	e above account and at herein, and that the bala curred in the performanc	d I certify	I certify that this claim is correct and just, and that this payment is approved.			
Authorized Signature		Title	Date	Authorized Signatu	ıre	Date
23. Supervisor's	Certification	Accoun	t	Amount		
	visor, certify that this ac ein were necessary for th	e				
Authorized Signature		Title	 Date	·		
Authorized Signature		inte	Date			

Please print, sign, and submit original form to the Office of Accounts Payable in 1424 Boylan Hall.

Brooklyn University College Instructions for State of New York Travel Voucher CUNY first 2000

Form is to be used by New York State employees only. If you are not a NYS employee and you are Brooklyn College employee please use Non PO Voucher Form. The purpose of this form is to request reimbursement for actual long distance travel related expenses. Please keep in mind that you are in travel status only if you are more than 35 miles from both your official station (Brooklyn College) and your home. Please use GoogleMaps, YahooMaps, or MapQuest to compare such mileage distances. Budget allocated for a trip from one Fiscal Year will not be carried forward to next Fiscal Year. Please submit typed forms with signatures in ink and forward properly executed form to the Office of Accounts Payable.

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: <u>http://www.gsa.gov/portal/content/104877</u>

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: <u>http://www.gsa.gov/portal/content/104877</u>

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: <u>http://www.brooklyn.cuny.edu/bc/offices/avpbandp/finance/cunyfirst/crosswalk.htm</u>

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

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