

TRAVEL AUTHORIZATION FORM

HANDWRITTEN FORMS NOT ACCEPTED

Department Name: _____

Dept Code		Oper Unit		Fund		Program		MP		SP Init		FND SRC	
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Payroll title

CUNY EMPL ID

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Name

Email Address

Phone

Home Address

City

State

Zip

Destination

Departure date

_____/_____/_____
Mo. Day

Return date

_____/_____/_____
Mo. Day Yr.

Purpose of trip

Sponsoring Organization (Include copy of notification or copy of page from the preliminary program showing details: name, place, venue and dates of the conference etc.)

To ensure timely reimbursements of travel expenses, the traveler should be familiar with the State of New York travel requirements. To assist travelers, we have summarized the guidelines developed by the Office of the State Comptroller, Travel Audit Division.

Before initiating a trip, the traveler should:

- ◆ Obtain necessary prior approvals for travel plans including determining the most efficient itinerary and method of travel
- ◆ Obtain all necessary travel related documents (i.e. Tax exemption forms for NYS lodging, Travel Voucher forms).
- ◆ Maintain an accurate record of travel expenses including departure and arrival times and actual automobile mileage
- ◆ Obtain and maintain all necessary original receipts to support travel expenses.
- ◆ Claim reimbursement for only actual allowable expenses within the maximum allowable reimbursement rates.
- ◆ Complete Travel Voucher completely and accurately for submission to your supervisor in a timely manner.
- ◆ Travel Authorizations and Expense Reports should be typewritten and signed in ink by the claimant and his/her supervisor.

In addition, please note:

- ◆ Only telephone charges for official business may be reimbursed. Claims for reimbursement for telephone calls must be fully documented
- ◆ Personal expenses such as laundry, valet service, theatre and banquet tickets, entertainment and transportation to and from **are not reimbursable. In addition, lunch is not a reimbursable meal for overnight travel.**
- ◆ Claims for the reimbursement made for the purchase of necessary supplies, materials or similar expenses must be justified and supported by receipts

I have read and consent to the terms above:

Signature of traveler

Date

DESCRIPTION	OGS APPROVED	TRAVEL EXPENSES
	PER DIEM RATES <small>(Use section A for Approval)</small>	ESTIMATED <small>(Use section B for Approval)</small>
TOTAL		

Rental car requires justification and cost effective calculations

APPROVALS - PER BUDGETED DEPARTMENT NOTED ABOVE
(choose A or B below)

A. Reimbursement to traveler is not to exceed OGS per diem rates

Authorized Signature

Date

Print name

B. Reimburse traveler at conference rate if it exceeds OGS per diem rates

Authorized Signature

Date

Print Name

Date