



# TRAVEL VOUCHER FORM



**HANDWRITTEN FORMS NOT ACCEPTED**

Agency Name <b>QUEENS COLLEGE, CUNY</b>		Business Unit <b>QNSEM</b>		CUNYfirst Department Code	
Employee CUNYfirst ID			Department Name		
Last Name		First Name		MI	Suffix
Address					
City		State	Zip	Payroll Title	
				Check one: PSC      Non PSC	
Business Purpose			Travel Destination		
Travel Start Date		Time	Travel End Date		Time
		AM      PM			AM      PM
Name of Event					

<h2>Expenses Claimed for Reimbursement</h2>	For the NYS Travel Guidelines, visit <a href="http://www.osc.state.ny.us/agencies/travel/travel.htm">www.osc.state.ny.us/agencies/travel/travel.htm</a>
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				Total Expenses	Instructions	
<b>LODGING</b>	Name of Hotel		Per Diem Rate:	Event Hotel:	<a href="#">Domestic Per Diem Rates</a> <a href="#">International Per Diem Rates</a> Provide original itemized receipts for hotel. Room rate should not exceed the per diem amount unless you are staying at the conference hotel.	
	No. Nights	Room Rate Per Night	Total Tax			
	x	+	=			
<b>TRANSPORTATION</b>	Description		Fare Amount	Baggage fees	Please attach boarding passes and itinerary that shows payment. <b>Only economy class is reimbursable.</b>	
	Flight		+	=		
	Train		Fare Amount		=	
	Personal Vehicle		Total Mileage	Tolls	Parking	Please attach directions showing total miles traveled, Statement of Automobile Travel and receipts for tolls and parking. Mileage subject to change.
		@ 0.575 per mile +	+	=		
Rental Car		Amount	Gas	Tolls	Parking	Please attach rental agreement, receipts for all expenses, and justification for car rental.
		+	+	+	=	
<b>MEALS</b>	No Meal is provided by the conference	Per Diem Rate	No. of Breakfasts	No. of Dinners	<a href="#">Domestic Per Diem Rates</a> <a href="#">International Per Diem Rates</a> <b>Lunch is not reimbursable.</b>	
			+	=		
		(20% of per diem)	(80% of per diem)			
<b>OTHER</b>	Description		Amount		<b>Only business related and other necessary expenses are reimbursable.</b> Include receipts for all other expenses.	
			=			
		Description		Amount	=	
<b>ADJ.</b>	Deduct expenses paid directly to agency or sponsored by other funds			Adj. Amount	<b>Total Amount</b>	
	Adjustment			=		

**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, 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<b>FOR ACCOUNTS PAYABLE USE ONLY</b>	Expense Report Number	Travel Auth. Number
Entered by		Date