

UNIVERSITY OF CENTRAL OKLAHOMA

State of Oklahoma Travel Reimbursement Voucher

Please Select Applicable Travel: Out-of- State: [] In-State: []

Complete this form after returning from trip. Submit all applicable documentation & receipts to Travel Office ADM Room 109 or Box 161. Expenses claimed must comply with state & federal regulations.

Contact & Travel Information

Name: _____ Banner ID* _____
Official Duty Station: _____ State Official or Employee? [] Yes [] No
Department / Title: _____ Organizational Acct. # _____
Detailed Nature of Business:(_____
From: _____ To: _____
Point of origin Destination
Departure Date: _____ Hour: _____ AM [] PM [] (Select One) Please attach a detailed log sheet for multiple, In-State travel days.
Return Date: _____ Hour: _____ AM [] PM [] (Select One)
Total Days: _____ Total Hours: _____
Traveler can claim expenses up to a maximum of 24 hours before and after the trip to allow for travel times.

Registration/ Transportation

Registration Payment Method (Select One - REQUIRED)
[] No Registration [] Claimed for Reimbursement [] Direct Pay by University, List PO # _____ (REQUIRED)
Mode of Transportation: (Select One - REQUIRED)
[] Private Vehicle, Tag Number: _____ (REQUIRED) [] Airline Ticket PO# _____
[] State Vehicle, Tag Number: _____ (REQUIRED)
[] *Airline Ticket (Purchased Own)..... Claimed: \$ _____ (72122)
Total Mileage** Claimed must be noted as follows:
MAP: _____ \$ _____ (72121) (72111)

Must track actual business miles based on a recognized GPS system (i.e. Google Maps or MapQuest) at the current mileage rate.
Out-of-State Trips: mileage reimbursement cannot exceed the lowest cost of airfare (must attach airfare quote from UCO's approved travel management company for cost comparison) unless justification is provided and enclosed. Mileage claims cannot cross fiscal years; therefore, if you should travel the months of June and July, you would submit two separate claims for each month.

Meals & Per-Diem

Meals (Per Diem) - Must be in "Overnight Travel Status" to claim
Instructions for Per Diem Calculations (click here)
Total Per-Diem for Designated Trip (Claim based on total time of trip, see instruction form) \$ _____
Number of meals included in registration _____ (Claim based on instruction form) \$ (_____)
Allowable Claim - {Based on total per-diem} minus (# of meals included in registration) \$ _____ (72123) (72112)

Other Expenses

Local Transportation: (Taxi, Rental Car, Shuttle, etc.): _____ \$ _____ (72124) (72113)
Letter of Justification required for rental car reimbursement
Lodging: Direct Paid by University List PO# _____ Claimed Amount: \$ _____ (72126) (72115)
Use Perdiem Rates Look-Up to determine lodging rates for your trip. An agenda with designated lodging indicated must be submitted with this form. If no designated lodging is indicated, government per diem rates for the city will apply.
Other Expenses with Receipts: _____ \$ _____ (72125) (72114)
Registration: _____ \$ _____ (72125) (72114)
Tolls: _____ \$ _____ (72125) (72114)
Parking: _____ \$ _____ (72125) (72114)
Business Related Phone Calls: _____ \$ _____ (72125) (72114)
Fuel for Rental Car: _____ \$ _____ (72125) (72114)

Total Claim Amount (cannot exceed total approved on Out-of-State Travel Request) \$ _____
[] Non-Employee (72131)
VP Signature for Faculty Finalists Only

Signature of Traveler _____ Signature Organizational Manager (In-State Travel Only) _____ Date _____
_____ @ _____
Date Campus Phone Number E-mail Address (Print)

I, _____, by signing here do under penalty of perjury, declare that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief. I also certify that no frequent travel miles earned from any official state transportation has been used for personal transportation purposes.

Assignment
I hereby assign this claim to:

and authorize the State Treasurer to issue payment to the said assignee

Claimant Signature

Date