

1. NYS Employee ID	2. CUNYfirst EMPLID	3. Social Security Number	Voucher Number	
4. First Name	5. Last Name		Invoice Number	
6. Address 1			Invoice Date	
Address 2				
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)	
17. Department Name			18. Refer Questions To	19. Extension

Expenses Claimed for Reimbursement			Estimated Expenses	Instructions
LODGING	20.	No. Nights _____ Room Rate (not including tax) _____ Total Tax _____ _____ x _____ Per Night + _____ = _____		Domestic Per Diem Rates International Per Diem Rates If room rate exceeds the per diem rate, please contact the Office of Accounts Payable.
	TRANSPORTATION	21a. <input type="checkbox"/> Flight/Train _____ Description _____ Fare Amount _____ Baggage and Fees _____ _____ + _____ = _____		Only economy class is reimbursable.
21b. <input type="radio"/> 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.	
21c. <input type="radio"/> Personal Vehicle _____ Amount (Indicate number of miles and rate per mile) _____ @ _____ per mile _____ = _____			Please visit http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm for rates per mile.	
MEALS	22a. <input type="radio"/> Per Diem _____ Per Diem Rate _____ No. of Breakfasts _____ + No of Dinners _____ = _____ <small>(20% of per diem) (80% of per diem)</small>		Domestic Per Diem Rates International Per Diem Rates Lunch is not reimbursable.	
	22b. <input type="radio"/> Receipts _____ Description _____ Amount _____ = _____		Only business related and other necessary expenses are reimbursable.	
OTHER	23. Description _____ Amount _____ = _____		Total _____	

24. CUNYfirst Chart Fields

Department Number	Program	Fund	Operating Unit	Special Initiative	Fund Source	MP	Account Number
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25. Payee's Signature

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 _____

26. Supervisor's Authorization

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

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

The purpose of this form is to request the allocation of funds for overnight travel prior to making travel arrangements. 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 the next Fiscal Year. Please submit the typed form with signatures in ink and forward a properly executed form to the Office of Accounts Payable. Attach original documentation for expenses claimed. Please read the travel procedure to check what documentation is required.

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 (for 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 any type of 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 whose payroll checks are 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 the title of the conference/meeting/research.

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

17-19. Enter the department name, department contact, and extension.

20. Enter the number of nights you stayed at the hotel. Enter the room rate per night and total tax paid. Ensure that the room rate does not exceed the per diem rate. If the room rate exceeds the per diem rate, please submit a letter of justification to the Office of Accounts Payable prior to booking your room.

Please visit this website to check the rates: <http://www.gsa.gov/portal/content/104877>

If you traveled out of State and stayed with a relative or a friend you can still be reimbursed \$50 flat rate fee per day for lodging and meals. This rate includes any state tax on lodging. Please enter the number of nights and a flat rate allowance. To check the flat rates for NYS and NYC locations please call the Office of Accounts Payable.

21a. 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).

21b. If you rented a car and you got prior approval from your supervisor, please enter an actual rental fee amount. You must include the letter of justification for car rental.

21c. 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>

Please fill out and include the Statement of Automobile Travel form.

22a. If you are using a federal per diem rate allowance for meals, you must submit the hotel receipt. Please visit this website to check the meal rates: <http://www.gsa.gov/portal/content/104877>

For each day you stayed at the hotel you are eligible for a full per diem rate for meal. To determine if you are eligible for additional per diem for breakfast and/or dinner on the first day and last day of travel you must leave your official station at least an hour before your normal work start time and return at least two hours before your normal end work time. The meal per diem allowance is apportioned as twenty percent for breakfast and eighty percent for dinner.

22b. If you have original meal receipts for breakfast and/or dinner, you must enter the number of breakfasts and dinners and enter the total amount. The federal per diem rate still applies. You can be reimbursed up to the federal per diem rate per day. Alcoholic beverages and lunch are not reimbursable. Please deduct it from your total.

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

24. 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>

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

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