Brooklyn College — The City University of New York
Non-Employee/Student Travel Voucher

CUNYfirst

1. CUNYfirst ID (Students Only)	**Official Use Only** — Interest Eligible **N** / Voucher No.
2. First Name / 3. Last Name	Payee Amount / Liability Date
4. Address 1	Invoice Number
Address 2	MIR Date / Invoice Date
5. City / 6. State / 7. Zip	8. Mobile Number / 9. Work Number
10. Email	11. Departure Date and Time / 12. Return Date and Time
13. Purpose of Travel (include name of conference if applicable)	14. Destination (City, County, State/Country)

Expenses Claimed for Reimbursement

		Total Expenses	Instructions
15. LODGING	15. No. Nights ___ X Room Rate (not including tax) ___ Per Night + Total Tax ___ ☐ Conference Hotel =		Domestic Per Diem Rates / International Per Diem Rates / Provide original itemized receipts for hotel. / Room rate should not exceed the per diem rate.
16. TRANSPORTATION	16a. ☐ Flight/Train — Description / Fare Amount ___ + Baggage and Fees ___ =		Please attach **original** boarding passes and itinerary that shows payment. **Only economy class is reimbursable.**
	16b. ○ 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.
	16c. ○ Personal Vehicle — Amount (Indicate number of miles and rate per mile) ___ @ ___ per mile =		Please attach directions showing total miles traveled, Statement of Automobile Travel and receipts for all other expenses. Please visit http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm for rates per mile.
MEALS	17. ○ Receipts — Description / Amount ___ =		**Lunch is not reimbursable.** / **Only business related and other necessary expenses are reimbursable.** / Include receipts for all other expenses.
OTHER	18. Description ___ / Amount ___ =		

Total _____

19. CUNYfirst Chart Fields (Department Use Only)

Department Number	Program	Fund	Operating Unit	Special Initiative	Fund Source	MP	Account Number

22. 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, 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 ___

21. Approver'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.

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

Form is to be used by non-Brooklyn College employees or Brooklyn College Students only. 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 75 miles from both your official station (home college) and your home. Please use GoogleMaps, YahooMaps, or MapQuest to compare such mileage distances. You must submit this form within 14 calendar days following the completion of your trip.

Please note that only typed forms will be accepted.

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1. Enter payee's eight-digit CUNYfirst ID. (Students only)

2-10. Please enter payee's first, last name, mailing address, mobile number, work number and email address.

11-12. 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 your home college.

13. Enter the name or title of your conference/meeting/research.

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

15. Enter the number of night you stayed at the hotel. Enter the room rate per night and total tax paid. If this is a conference hotel, please check the box. If the room rate exceeds per diem rate, please provide letter of justification. Please visit this website to check the rates: http://www.gsa.gov/portal/content/104877

16a. 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).

16b. If you rented a car and obtained prior approval from your supervisor, please enter an actual rental fee amount.
You must include the letter of justification for car rental.

16c. 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

17. If you are using receipted method, please specify number of breakfasts and/or dinners and put in the total amount.

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

19. Department use only. 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.

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

21. Approver's/chairperson's signature, title and today's date are required.