New & Improved

Travel

Presented by
Miranda Salvatore & Debbie DiPietroantonio
Accounts Payable
Discussion Highlights

• Travel forms
  ❖ Domestic Travel Request Form
  ❖ International Travel Request Form
  ❖ Travel Prepayment Form
  ❖ Travel Expense Form
  ❖ Day Travel Expense Form

• Fiscal Year End
• Reminders
• Travel Checklists
Where to start?

Internet Explorer should be used when completing all travel forms.
Overnight Travel

Overnight Travel

For overnight travel a travel request must be pre-approved 4 weeks prior to departure and the traveler must have a valid encumbrance number issued by the Accounts Payable Department. To ensure our campus community remains safe while traveling on official University business, new and improved forms were created for Domestic and International travel.

The improvements are aimed to minimize errors in the form completion, increase accuracy, uniformity, and efficiency. Please use the updated forms to ensure the correct federal rates such as General Services Administration and Internal Service Revenue are captured when submitting for reimbursement. Also, utilizing the revised travel forms will ensure the traveler is aware of the deadlines for submission, policy updates and guidelines which will result in a faster reimbursement.

Domestic Travel

All Domestic Travel
When your travel includes an overnight stay, and you are traveling domestically within the U.S., its Territories, or its Possessions, you will find all forms and information needed

International Travel

All International Travel
When you are traveling internationally, you will find all forms and information needed to receive approval prior to your trip, and reimbursement after your travel has concluded.
Completing the travel request form

Information needed for travel requests can be found on most Conference brochures.

For example:

What: Travel Policy & Guideline Conference
When: Date: June 10, – June 13, 2019
Where: Orlando, Florida
Swan & Dolphin Hotel
The figures on this form are estimates only.

Include as much information as possible, (GSA Per Diem, Google map, and conference agenda/schedule for example) doing so will result in a simple and smooth reimbursement process.
ROWAN UNIVERSITY
TRAVEL REQUEST

Date: __________________ Encumbrance No.: __________________
Traveler Name: __________________ Banner ID: __________________
Title: __________________ Department: __________________
Location(Bldg.): __________________ Phone #: __________________
Fund: __________________ Org: __________________ Acct: __________________ Program: __________________
Secretary: __________________ Banner ID: __________________ Phone #: __________________
Reason for travel and other employees on the same mission:

SUPPORTING DOCUMENTATION REQUIRED. Please include one or more of the following:
Conference brochure, registration form, or information printed from a website.

TRAVEL DESCRIPTION: __________________
Air __ Rail __ Departure Date: __________________ Return Date: __________________
City: __________________ State or Country: __________________
Hotel Name: __________________ No. of Days: __________________
Car Rental – Include letter of justification: __________________
GSA Per Diem Rates Link: __________________
Foreign Per Diem Rates Link: __________________
Conference Registration: __________________
Ground Transportation: __________________
Mileage @ $.54 per mile:

Other Costs (Explain Fully):

SUPPORTING DOCUMENTATION REQUIRED: __________________

ESTIMATED COSTS

<table>
<thead>
<tr>
<th>Description of Estimated Travel (in Detail)</th>
<th>Mileage</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Travel</td>
<td>Subtotal</td>
<td>Total Estimated Cost</td>
</tr>
<tr>
<td>Bus</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Parking Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Subtotal</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

FILL IN BELOW THE FOAP TO BE CHARGED

Index #: __________________ Fund #: __________________ Organization #: __________________ Account #: __________________ Program #: __________________ Amount #: __________________

Please note: Meals included as a part of the registration fee are deducted from the per diem payment.
Use Account # 7215 for travel expenses.
Use Accounts # 7216 for all office travel expenses and employee travel (example: meals, parking, registration, hotel and airfare).
Use Account # 7217 for travel grants.
US: Standard Mileage Rate, Federal US per diem rates, Foreign per diem rates.

DIVISION APPROVALS
Department: __________________ Date: __________________ Amount: __________________
Division: __________________ Date: __________________ Amount: __________________
Ethics Liaison Officer: __________________ Date: __________________

BUSINESS OFFICE REVIEW
Budget/Grant: __________________ Funds Available: __________________ Date: __________________
Accounts Payable: __________________ Request Reviewed: __________________ Date: __________________

Rowan University

* Old Form

* Outdated forms will be returned*
Domestic Travel Request

Section 1 - Purpose

Employees, faculty, staff and others authorized to travel on official Rowan University business.

Section 2 - Traveler’s Information

<table>
<thead>
<tr>
<th>Section 2 - Traveler’s Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _____________________________ Title: _____________________________ Banner ID #: _____________________________</td>
</tr>
<tr>
<td>Traveler’s Name: ___________________ Email: _____________________________ Phone #: _____________________________</td>
</tr>
<tr>
<td>Mailing Address: ___________________ City: _____________________________ State: _______ Zip Code: _______</td>
</tr>
<tr>
<td>Admin. Asst. Email: _______________ Dept. Name: ___________________________________________ Dept. Building:</td>
</tr>
</tbody>
</table>

All fields are required and must be completed.
**Domestic Travel Request**

### Section 3- Destination & Purpose

**Section 3 - Destination & Purpose**

<table>
<thead>
<tr>
<th>Destination City &amp; State:</th>
<th>Conference Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conference Dates:</th>
<th>Reason for Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of other students / employees on the same mission: ________________________________________________________________________________

**SUPPORTING DOCUMENTATION REQUIRED:** Please include one or more of the following: Conference brochure, registration form, or information printed from a website.

*Submitting supporting documentation is required, if not attached; it will delay your approval*

### Section 4- Estimated Travel Expenses

**Section 4 - Estimated Travel Expenses** *(For more information please visit: Travel Policy)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Items</th>
<th>Description of Estimated Travel (In Detail) (Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mileage**

<table>
<thead>
<tr>
<th>Miles</th>
<th>@ .58</th>
<th>Estimated Travel Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

*Please note:* Meals included as a part of the registration fee will be deducted from the per diem payment.

Federal Domestic: US per diem rates

IRS: Standard Mileage Rates
### Section 5- Traveler Consent (Print and Sign)

I hereby certify that this travel request is an estimate of expenses that will be incurred while traveling on official Rowan University Business and is being submitted prior to traveling on official Rowan University Business.

Traveler Signature: ___________________________ Date: ___________ Amount Requested: ________

### Section 6- Accounting Information

<table>
<thead>
<tr>
<th>Index #</th>
<th>Fund #</th>
<th>Organization #</th>
<th>Account #</th>
<th>Program #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Account # 7215 is used for mileage expense.
Account # 7216 is used for employee travel and all other travel expenses (example: tolls, parking, registration, hotel and airfare).
Account # 7217 is used for student travel.

Approved Amount to be Encumbered: $ 0.00
Section 7- Appropriate Approvals

<table>
<thead>
<tr>
<th>Section 7 - Appropriate Approvals (Print and Sign)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head: _______________________________ Date: __________ Amount Approved: __________________</td>
</tr>
<tr>
<td>Division: _______________________________ Date: __________ Amount Approved: __________________</td>
</tr>
<tr>
<td>Ethics Liaison Officer: __________________________ Date: __________</td>
</tr>
<tr>
<td>Grants: _______________________________ Date: __________ Funds Available: [ ]</td>
</tr>
<tr>
<td>Accounts Payable: ______________________________ Date: __________</td>
</tr>
</tbody>
</table>

**Accounts Payable**  
Revised: 1-15-2019
Finding your per diem based on the travel destination

Click on the link above, GSA Per Diem Rates website will appear
Enter the state & city you are travelling to, then click “Find Rates”

Per Diem Rates

[Search interface image]

Example: Orlando, Fl.

• The per diem allowance for meals and incidental expenses must correspond to the number of nights in a hotel. In addition, meals and incidentals are prorated on the first and last days of travel calculated at 75% of the listed amount. For details visit: http://www.gsa.gov/portal/content/101518 for your specific region.

*Please attach the GSA Per diem rate sheet to your travel request*
Per Diem Rates - M&IE (meals & incidentals)

What is considered an incidental expense?

Incidental expenses: Fees and tips given to porters, baggage carriers, hotel staff and staff on ships.
Example: Completed Travel Request

If this form is properly filled out, the travel expense form will be an easy process and result in a faster reimbursement.

Don’t forget to keep Original receipts
### Individual Responsibilities and Procedures

**Where does the Domestic Travel Request go after it was completed?**

| Traveler                  | 1. Completes a Domestic Travel Request Form  
<table>
<thead>
<tr>
<th></th>
<th>2. Forwards the Request Form to Chairperson or Department Head.</th>
</tr>
</thead>
</table>
| Chairperson/Department Head | 3. Approves/Disapproves Domestic Travel Request.  
|                          | 4. If approved, forwards form to Division Head or Designee. |
| Division Head             | 5. Approves/Disapproves Domestic Travel Request.  
|                          | 6. If approved, forwards form to the Ethics Officer for approval. |
| Ethics Officer            | 7. Approves/Disapproves Domestic Travel Request as necessary  
|                          | 8. If Grant related forwards to OSP  
|                          | 9. If approved, forwards original form to Accounts Payable. |
| Accounts Payable          | 10. Reviews Domestic Travel Request and encumbers the funds. Issues final approval email to traveler and travel agent. |
This form is used to request advanced overnight approval of travel in, to, or from a destination that is NOT in the United States (including its territories and possessions) on official University business.

### Section 1 - Purpose
Employees, faculty, staff, and students authorized to travel internationally on official Rowan University business.

### Section 2 - Traveler's Information
- **Date:**
- **Title:**
- **Banner ID #:**
- **Traveler’s Name:**
- **Email:**
- **Phone #:**
- **Mailing Address:**
  - **City:**
  - **State:**
  - **Zip Code:**
- **Admin. Asst.:**
  - **Admin. Asst. Banner ID #:**
  - **Admin. Asst. Phone:**
- **Admin. Asst. Email:**
  - **Dept. Name:**
  - **Dept. Building:**

### Section 3 - Destination, Purpose & Requirements
- **Destination City & Country:**
- **Department of State Travel Advisory:**
- **RISK LEVEL:**
- **Conference/Activity Name:**
- **Conference/Activity Dates:**
- **Reason for Travel & List of other students/employees on the same mission:**
- I acknowledge that I have read and agree to the policies and procedures of the International Travel Policy and Guidelines.
- I have reviewed and completed the following Export Control Programs: Export Control Training and International Travel Checklist.

(Follow procedures on the travel checklist)

Federally funded International Travel: please review OGP Fl. America Act Procedures

### Section 4 - Estimated Travel Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Description of Estimated Travel (in Detail)</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>(Examples: Aiditu Name, which conference, registration, per diem)</td>
<td></td>
</tr>
<tr>
<td>Mileage</td>
<td>58</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Please note:** Meals accruing to a part of the registration fee will be deducted from the per diem payment.

### Section 5 - Traveler Consent (Print and Sign)
**Travel Request must be approved 4 weeks prior to departure.**

I hereby certify that:
- This travel request is an estimate of expenses that will be incurred while travelling on official Rowan University business. I understand the Department of State Travel Advisory risk level. I acknowledge that I have read and agree to the policies and procedures of the International Travel Policy and Guidelines. I have reviewed the OGP Fl. America Act procedures. I have completed the Export Control Programs.

**Traveler Signature:**

**Date:**

**Amount Requested:**

### Section 6 - Accounting Information

<table>
<thead>
<tr>
<th>Account #</th>
<th>Fund #</th>
<th>Organization #</th>
<th>Account #</th>
<th>Program #</th>
<th>Amount</th>
</tr>
</thead>
</table>

**Annexed Amount to be Enclosed:**

### Section 7 - Appropriation Approvals (Print and Sign)

**Department Head:**

**Date:**

**Amount Approved:**

**Division:**

**Date:**

**Amount Approved:**

**Study Abroad Office (Students Only):**

**Date:**

**Ethics Liaison Officer:**

**Date:**

**Grants:**

**Date:**

**Export Control:**

**Date:**

**Accounts Payable:**

**Date:**
Domestic Travel Request vs International Travel Request

What's The Difference?
### Section 2 - Traveler’s Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Banner ID #</td>
<td></td>
</tr>
<tr>
<td>Traveler’s Name</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Admin. Asst.</td>
<td></td>
</tr>
<tr>
<td>Admin. Asst. Banner ID #</td>
<td></td>
</tr>
<tr>
<td>Admin. Asst. Phone</td>
<td></td>
</tr>
<tr>
<td>Admin. Asst. Email</td>
<td></td>
</tr>
<tr>
<td>Dept. Name</td>
<td></td>
</tr>
<tr>
<td>Dept. Building</td>
<td></td>
</tr>
</tbody>
</table>

All fields are required and must be completed.
### Section 3 – Destination, Purpose & Requirements

<table>
<thead>
<tr>
<th>Destination City &amp; Country:</th>
<th>Department of State Travel Advisory</th>
<th>RISK LEVEL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference/Activity Name:</td>
<td>Conference/Activity Dates:</td>
<td></td>
</tr>
</tbody>
</table>

Reason for Travel & List of other students/employees on the same mission: 

I acknowledge that I have read and agree to the policies and procedures of the [International Travel Policy and Guidelines](#).

I have viewed and completed the following Export Control Programs: [Export Control Training](#) and [International Travel Checklist](#).

*Please follow submitting procedures on the travel checklist.*

Federally funded International Travel: please review [OSP Fly America Act Procedures](#)
Section 3- Requirements: Department of State Travel Advisory

Travel Advisories

As a first step in planning any trip abroad, check the Travel Advisories for your intended destination. You can see the world at a glance on our color-coded map.

Note that conditions can change rapidly in a country at any time. To receive updated Travel Advisories and Alerts, choose the method that works best for you at travel.state.gov/stayingconnected

For more details and FAQs about our safety and security information, please see travel.state.gov/travelsafely.

Learn about your destination

[Search form]

[Example]
## Country Information

### Canada

**Travel Advisory**

<table>
<thead>
<tr>
<th>Date</th>
<th>Advisory Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 9, 2019</td>
<td><strong>Level 1</strong>: Exercise Normal Precautions</td>
<td>Exercise normal precautions in Canada.</td>
</tr>
</tbody>
</table>

### Embassy Messages

<table>
<thead>
<tr>
<th>Date</th>
<th>Advisory Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fri, 26 Apr 2019</td>
<td>Security Alert:  Montreal Area Flooding</td>
<td></td>
</tr>
<tr>
<td>Fri, 26 Apr 2019</td>
<td>Public Safety Alert – U.S. Embassy Ottawa, Canada</td>
<td></td>
</tr>
<tr>
<td>Fri, 26 Apr 2019</td>
<td>Demonstration Alert – U.S. Consulate General, Montreal, Canada</td>
<td></td>
</tr>
<tr>
<td>Tue, 23 Apr 2019</td>
<td>Public Safety Alert – U.S. Consulate General Halifax, Canada</td>
<td></td>
</tr>
</tbody>
</table>

[View Alerts and Messages Archive](#)

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## Travel Advisory Levels

1. **Exercise normal precautions**
2. **Exercise increased caution**
3. **Reconsider travel**
4. **Do not travel**
Section 3- Requirements: International Travel Policy & Guidelines

Please read and agree to the policies and procedures of the International Travel Policy & Guidelines:

Step 1: Is It a Rowan-affiliated International Travel?

Rowan's International Travel Policy for employees and students pertains to Rowan-affiliated travel only. Please see below for the criteria to determine if your trip is a Rowan-affiliated travel. If you are traveling for personal purposes only, this policy does not apply.

Any international travel that meets at least one of the following criteria is a Rowan-affiliated travel.

- Use of Rowan funds for all or part of trip
- Any trip specifically related to your Rowan responsibilities
- Any trip in which students will be traveling with you
- Any conference/workshop or business meeting in which you are representing Rowan University

Step 2: View the current Travel Advisories and Notices

View the current Travel Advisories and Notices before making Rowan-affiliated travel arrangements to determine the risk level of your country of destination. Please follow the instructions listed for the risk level of your country of destination.

Step 3: Read General Travel Waiver Statement of Responsibility, Waiver, Release and Indemnification Agreement

Step 4: Submit International Travel Request Form to Accounts Payable Office

All Rowan students, faculty, and staff must read the policies and procedures of the International Travel Policy and Guidelines including the General Travel Waiver Statement of Responsibility, Waiver, Release and Indemnification Agreement listed on this page and acknowledge that they read, understand, and agree to these policies and procedures by initialing the Section-3 of the International Travel Request Form.
Section 3- Requirements: Export Control Training

Export Control Training

Rowan University offers Export Controls training through the Collaborative Institutional Training Initiative (CITI). Rowan University investigators and researchers should complete training in export controls. Below is information regarding CITI new account registration process:

Step 1 - Go to http://www.citiprogram.org

Step 2 - Click on "register" in the Create new account box on the CITI webpage

Step 3 - In the box titled "Select Your Organization Affiliation" type in Rowan. Rowan University will appear in a box under the type. Click on Rowan University and then click on "Continue to Step 2"

Step 4 - Type in your First and Last Name. In the email box, input your Rowan University email address. Your secondary email address can be a personal email address, such as gmail or other email provider. Click on "Continue to Step 3" when completed.

Step 5 - Type in your Rowan University username (network username) or other username. Complete the sections for the password and security question. Click on "Continue to Step 4" when completed.

Step 6 - Complete the information for Country of Residence, Gender, Ethnicity and Race. Click on "Continue to Step 5" when completed.

Step 7 - Complete the information for Continuing Education Credits and Survey. Click on "Continue to Step 6" when completed.

Step 8 - Complete the information for Information Requested by Rowan University. Select the role that is most applicable to your purpose of creating a CITI account. Click on "Continue to Step 7" when completed.

Step 9 - Select the training to be completed. Users can select multiple training programs. For example, if you need to complete Responsible Conduct of Research (RCR) and Export Controls, then you would select both. Click on "Continue" when completed.
Section 3- Requirements: International Travel Checklist

**International Travel Checklist**

Checklist to be completed for any faculty, staff, and graduate students planning international travel where Rowan University or a funding agency is paying for any part of the trip or if anyone is taking University-owned equipment. Must be completed within 5 business days of book air travel.
Section 3 - Requirements: Federally Funded International Travel

Please review OSP Fly America Act Procedures
## Section 4 - Estimated Travel Expenses

*(For more information please visit: Travel Policy)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Items</th>
<th>Description of Estimated Travel (In Detail)</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>(Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)</td>
<td></td>
</tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mileage</th>
<th>Miles</th>
<th>@ .58</th>
<th>0.00</th>
</tr>
</thead>
</table>

**Please note:** Meals included as a part of the registration fee will be deducted from the per diem payment.

Foreign Per Diem Rates: [Foreign per diem Rates](#) / [IRS: Standard Mileage Rates](#)

| Estimated Travel Expenses | 0.00 |
Office of Allowances

Foreign Per Diem Rates by Location
DSSR 925

You may use the dropdown box below to select a country. Entering the first letter of the country name will jump to that portion of the listing. Clicking "Go" will display Per Diem data for all locations within the country selected.

Country: JAMAICA

https://aoprals.state.gov/web920/per_diem.asp
### Foreign Per Diem Rates In U.S. Dollars

**DSSR 925**

**Country:** JAMAICA  
**Publication Date:** 05/01/2019

<table>
<thead>
<tr>
<th>Country Name</th>
<th>Post Name</th>
<th>Season Begin</th>
<th>Season End</th>
<th>Maximum Lodging Rate</th>
<th>M &amp; IE Rate</th>
<th>Maximum Per Diem Rate</th>
<th>Footnote</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMAICA</td>
<td>Kingston</td>
<td>01/01</td>
<td>12/31</td>
<td>211</td>
<td>101</td>
<td>312</td>
<td>N/A</td>
<td>03/01/2015</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Montego Bay</td>
<td>09/02</td>
<td>11/30</td>
<td>209</td>
<td>86</td>
<td>295</td>
<td>N/A</td>
<td>03/01/2015</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Montego Bay</td>
<td>12/01</td>
<td>09/01</td>
<td>316</td>
<td>96</td>
<td>412</td>
<td>N/A</td>
<td>03/01/2015</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Other</td>
<td>01/01</td>
<td>12/31</td>
<td>211</td>
<td>101</td>
<td>312</td>
<td>N/A</td>
<td>03/01/2015</td>
</tr>
</tbody>
</table>

Please adjust to month of travel.
Office of Allowances

Appendix B
Chapter 301-Federal Travel Regulation
Allocation of M&IE Rates to Be Used in Making Deductions from the M&IE Allowance

M&IE rates for the localities in nonforeign areas (prescribed in Civilian Personnel Per Diem Bulletins published periodically in the Federal Register by the Secretary of Defense) and for localities in foreign areas (established by the Secretary of State in Section 925, a per diem supplement to the Standardized Regulations Government Civilians, Foreign Areas) shall be allocated as shown in this table (Section 301-11.18) when making deductions from nonforeign or foreign area per diem rates.

<table>
<thead>
<tr>
<th>M &amp;IE Rate</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Incidentals</th>
</tr>
</thead>
<tbody>
<tr>
<td>$96</td>
<td>14</td>
<td>24</td>
<td>39</td>
<td>19</td>
</tr>
<tr>
<td>$97</td>
<td>15</td>
<td>24</td>
<td>39</td>
<td>19</td>
</tr>
<tr>
<td>$98</td>
<td>15</td>
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<tr>
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<td>15</td>
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<td>15</td>
<td>25</td>
<td>41</td>
<td>20</td>
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<tr>
<td>$102</td>
<td>15</td>
<td>26</td>
<td>41</td>
<td>20</td>
</tr>
</tbody>
</table>

https://aoprals.state.gov/content.asp?content_id=114&menu_id=78
Section 5 - Traveler Consent

Section 5 - Traveler Consent (Print and Sign)  
Travel Requests must be approved 4 weeks prior to departure.

I hereby certify that:
This travel request is an estimate of expenses that will be incurred while travelling on official Rowan University Business. I understand the Department of State Travel Advisory risk level. I acknowledge that I have read and agree to the policies and procedures of the International Travel Policy and Guidelines. I have reviewed the OSP Fly America Act procedures. I have completed the Export Control Programs.

Traveler Signature: ___________________________ Date: ____________ Amount Requested: ____________

Section 6 - Accounting Information

Please use correct account codes when processing travel:
Account # 7215 - Mileage only
Account # 7216 - All other Travel Expenses and Employee Travel
Account # 7217 - Student Travel

Confirm all accounts listed have sufficient funds before sending to AP.
Section 7 - Appropriate Approvals:

<table>
<thead>
<tr>
<th>Section 7 - Appropriate Approvals (Print and Sign)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head: ___________________________ Date: ______________ Amount Approved: ___________________</td>
</tr>
<tr>
<td>Division: __________________________________________ Date: ______________ Amount Approved: ___________________</td>
</tr>
<tr>
<td>Study Abroad Office (Students Only) : __________________________ Date: ____________________</td>
</tr>
<tr>
<td>Ethics Liaison Officer: __________________________ Date: ____________________</td>
</tr>
<tr>
<td>Grants: __________________________ Date: ______________ Export Control: __________________________ Date: ______________</td>
</tr>
<tr>
<td>Accounts Payable: __________________________ Date: ______________</td>
</tr>
</tbody>
</table>

Please take note of “new” approvals needed
When travelling abroad, please attach a credit card statement with the receipts. This will ensure your reimbursement reflects the correct currency rate at the time of purchase.
Where did the International Travel Request go after it was completed?

<table>
<thead>
<tr>
<th>Role</th>
<th>Steps</th>
</tr>
</thead>
</table>
| Traveler                     | 1. Completes an International Travel Request Form (Initials & Signature of the traveler must be included to acknowledge the International Policy & Guidelines)  
2. Forwards the Request Form to Chairperson or Department Head. |
| Chairperson/Department Head  | 3. Approves/Disapproves International Travel Request.  
4. If approved, forwards form to Division Head or Designee. |
| Division Head                | 5. Approves/Disapproves International Travel Request.  
6. If (Student travel) approved, forwards form to the Study Abroad Office.  
7. If approved, forwards form to Ethics Liaison Officer. |
| Study Abroad Office (Students Only) | 8. Approves/Disapproves (Student) International Travel Request.  
9. If approved, forwards form to Ethics Liaison Officer. |
| Ethics Officer               | 10. Approves/Disapproves International Travel Request as necessary  
11. If approved, forwards original form to the Export Control Officer.  
**If Grant related forwards to OSP. If approved, forwards original form to the Export Control Officer. |
| Export Control Officer       | 12. Approves/Disapproves International Travel Request.  
13. If approved, forwards form to Accounts Payable. |
| Accounts Payable             | 14. Reviews International Travel Request and encumbers the funds. Issues final approval email to traveler and travel agent. |
Congratulations! Your travel request has been approved. Above is all the information you need; including the encumbrance number that must be used when submitting the travel expense voucher form, and all other documents relating to this travel.

Please contact the approved travel agent for transportation and hotel arrangements; Sunward Travel 1-800-786-9273 or email Travel@sunward.com

Below is the link for the Travel Expense Voucher form that is required to process all travel reimbursements. Please complete the form and attach all original receipts. Remember to include the encumbrance number for this trip. Forward all documents with approved signatures to Accounts Payable Department after the completion of your trip. The reimbursement deadline is 10 days after the end of your travel date.

Travel Expense Voucher Form is located at: http://rowan.edu/adminfinance/accountspayable/downloadabledocuments.html

If you have any questions, please contact the Accounts Payable Department at extension 4115 or email one of the travel personnel below:

Miranda Salvatore salvatoremi@rowan.edu Ext: 4043
Deborah DiPietroAntonio dipietrod2@rowan.edu Ext: 4338

Have a safe trip!!!!
Meeting/Event Travel

- Air travel tickets
- Prepaid hotel reservations
- Arrange shuttle service
- Event tickets, meals and local tours
- Can handle Pre and Post travel plans
- Can handle personal travel plans if being accompanied by family on business travel and keep them separate for billing purposes.

- Pre-pay Conference registration
- Can hold room reservation without an encumbrance number and pre-pay once encumbrance number is obtained, so you don’t lose the lowest rate.
- Provide information on destination city
- Pre-pay luggage or seat upgrades if approved by University.

(800) 786-9273
travel@sunward.com
Travel Prepayment Form
You may submit for a Prepayment of travel expenses, such as conference registration and airline tickets *only*.

Prepayments should be submitted on a Travel Prepayment Form

The Encumbrance # is your travel approval and should be included on all travel related forms.

The University does not prepay for hotels.

A Purchase Order is *NOT* required for registration.
## Section 1 - Type of Travel:

<table>
<thead>
<tr>
<th>Pick One:</th>
<th></th>
<th>Pick One:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Day Travel</td>
<td></td>
<td>□ Overnight Travel</td>
<td></td>
</tr>
<tr>
<td>Date of Travel:</td>
<td></td>
<td>Encumbrance # E</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dates of Travel:</td>
<td></td>
</tr>
</tbody>
</table>

Encumbrance # must be included for overnight travel
## Section 2- Make Check Payable to:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Title:</th>
<th>Banner ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment to:</th>
<th>Email:</th>
<th>Phone:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admin. Asst. Name:</th>
<th>Admin. Asst. Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admin. Asst. Email:</th>
<th>Department Name &amp; Building:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All fields are required and must be completed.
Section 3 - Type of Payment:

<table>
<thead>
<tr>
<th>Vendor Payment</th>
<th>Reimbursement</th>
<th>Group Travel</th>
<th>Athletic (Team Name)</th>
<th>Student (Group Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Fee</td>
<td>Airfare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fee</td>
<td>Conference Fee / Registration Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Conference: ____________________________
Travel Destination: ____________________________
(City & State)
Section 4 - Description of prepayment:

<table>
<thead>
<tr>
<th>Date</th>
<th>Items</th>
<th>Description of Prepayment (In Detail)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Airfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conference Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registration Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Travel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach original receipts.  
Grand Total: 0.00
Please Note:

1. This form is used for prepayment of expenses with an approved travel encumbrance number, or for Day Travel.
2. Prepayment of travel expenses include: Conference Fee, Registration Fee, Airfare reimbursement and Group Travel only. (A Purchase Order is not required)
3. Original invoice or itemized receipts must be attached to this form.
4. Employees use Travel Account #7216, Students use Travel Account #7217.
Section 6- Signature & Consent:

I hereby certify that the travel expenses indicated hereon, will be incurred to accomplish official Rowan University business pursuant to the travel authority granted to me by the Encumbrance number noted above and/or the guidelines set forth in the Travel Policy.

Signature & Date required
Section 7 - Appropriate Approvals

<table>
<thead>
<tr>
<th>Section 7 - Appropriate Approvals (Print and Sign)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair/Head/Dean: ____________________ Date: ____________</td>
</tr>
<tr>
<td>Grants: ______________________________________ Date: ____________</td>
</tr>
<tr>
<td>Accounts Payable: _____________________________ Date: ____________</td>
</tr>
</tbody>
</table>

Department Head / Dean - Print, Sign & Date

Grants – Print, Sign & Date if applicable – (only if externally funded)

Accounts Payable – Print, Sign & Date (Final Approval)
This form is used to process approved travel encumbrances for overnight travel once the official University business has occurred (Domestic and International).
Section 1 - Traveler Information

Date: __________________________  Encumbrance No. __________________________
Traveler Name: __________________________  Banner ID #: __________________________
Mailing Address: __________________________  Apt/Unit: _________ City: ________________
State: _______________ Zip: _______________  Department Name: __________________________
Travel Destination ____________________________________________  Dates of Travel: ________________
(City & State)  Conference Name: __________________________  Purpose of Trip: __________________________

All fields are required and must be completed.
## Section 2 - Description of Expenses

(For more information please visit: Travel Policy)

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Items</th>
<th>Description of Expense (In Detail)</th>
<th>Miles Only</th>
<th>2019 IRS Mileage Rate</th>
<th>Line Totals(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Air Travel</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Baggage Fee</td>
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<tr>
<td></td>
<td>Conference Fee</td>
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<tr>
<td></td>
<td>Hotel</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Miles</td>
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<td>.58</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registration Fee</td>
<td></td>
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<td></td>
<td>Tolls</td>
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<tr>
<td></td>
<td>Transportation</td>
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</tr>
</tbody>
</table>

Please note: Meals included as a part of the registration fee are deducted from the per diem payment.

Federal Per Diem Rates: US per diem rates, Foreign per diem Rates

(Please attach original itemized receipts)

Please note: Meals included as a part of the registration fee are deducted from the per diem total.
Conference Agenda must be included
Each item listed must have backup (example: Itemized receipt, GSA meal breakdown, mileage map)
Section 3- Accounting Information

<table>
<thead>
<tr>
<th>Index #</th>
<th>Fund #</th>
<th>Organization #</th>
<th>Account #</th>
<th>Program #</th>
<th>Approved Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Please use correct account codes when processing travel:

Account # 7215 - Mileage only
Account # 7216 - All other Travel Expenses and Employee Travel
Account # 7217 - Student Travel

Before sending to AP:
Confirm accounts have sufficient funds in all accounts listed.
Section 4- Signature & Consent

I hereby certify that the travel and expenses indicated hereon, where incurred to accomplish official business pursuant to the travel authority granted to me by the Encumbrance number noted above:

Signature & Date Required

Travel expense forms must be submitted within 10 business days after travel has been completed.
Section 5-Appropriate Approvals

<table>
<thead>
<tr>
<th>Section 5: Appropriate Approvals (Print and Sign)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head / Dean: __________________________</td>
</tr>
<tr>
<td>Grants: _________________________________________</td>
</tr>
<tr>
<td>Accounts Payable: ______________________________</td>
</tr>
</tbody>
</table>

Department Head /Dean - Print, Sign & Date

Grants – Print, Sign & Date If applicable – (funds are externally funded)

Accounts Payable – Print, Sign & Date (Final Approval)
This form is used to process payments and reimbursements for non-overnight travel expenses and other travel related expenses incurred during the day.
Section 1- This form can be used for:

Processing payments & reimbursements for non-overnight travel expenses and other miscellaneous expenses such as mileage, candidate and non-employee travel.

It can be used for Candidate reimbursements, Athletic Group Travel, Student Group Travel and Vendor Payments.

This form will replace the existing Mileage Log.
Day Travel Expense Form

Section 2 - Type of Payment

Please check appropriate box that applies

☐ Employee/Student/Non-Employee Reimbursement
☐ Candidate Reimbursement
☐ Group Travel
☐ Vendor Payment

Rowan University
Day Travel Expense Form

Section 3 - Make Check Payable to:

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Banner ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment to:</td>
<td>Email</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City</td>
<td>State:</td>
</tr>
<tr>
<td>Admin. Asst.:</td>
<td>Admin. Asst. Banner ID #:</td>
<td>Admin. Asst. Phone:</td>
</tr>
<tr>
<td>Admin. Asst. Email:</td>
<td>Department Name:</td>
<td>Dept. Building:</td>
</tr>
</tbody>
</table>

All fields are required and must be completed.
# Section 4: Day Travel Expenses

*For more information please visit: Travel Policy*

<table>
<thead>
<tr>
<th>Date</th>
<th>Departure Address</th>
<th>Arrival Address</th>
<th>Reason for Day Travel Description/Notes</th>
<th>Miles</th>
<th>IRS Mileage Rate</th>
<th>Mileage Reimbursement</th>
<th>Other Expenses Items</th>
<th>Amount</th>
<th>Line Total(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>.58</td>
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<td>$ 0.00</td>
</tr>
</tbody>
</table>

Sub Total: 0 | $ 0.00 | $ 0.00 | $ 0.00

Please attach original itemized receipts & mileage maps when applicable

Grand Total: $ 0.00

**Completed and Signed form must be submitted within 45 days of travel expense.**
I hereby certify that:

1. This is a true and accurate accounting of expenses incurred to accomplish official business for Rowan University and there are no expenses claimed reimbursable which relate to personal or unallowable expense.

2. Please attach original itemized receipts along with mileage maps calculating the shortest route available.

3. All mileage accounted for does not include the normal daily commute. The mileage on this form was calculated using the SHORTEST ROUTE AVAILABLE. At the time of the expense the vehicle I was using for Rowan University was covered by Liability Insurance.

4. I have not received, nor will I receive, reimbursement from any other source(s) for the expense claimed. In the event of overpayment or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying Rowan University in full for those expenses.

Traveler Signature:_______________________ Date: _____________________
**Section 7 - Appropriate Approvals**

<table>
<thead>
<tr>
<th>Section 7: Appropriate Approvals (Print and Sign)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head/Dean: __________________________</td>
<td>Date: __________________</td>
</tr>
<tr>
<td>Grants: _________________________________________</td>
<td>Date: __________________</td>
</tr>
<tr>
<td>Accounts Payable: _______________________________</td>
<td>Date: __________________</td>
</tr>
</tbody>
</table>

Department Head /Dean - Print, Sign & Date  
Grants – Print, Sign & Date If applicable – (funds are externally funded)  
Accounts Payable – Print, Sign & Date (Final Approval)
Fiscal Year End

Day of the Zombie Reimbursement Requests
# Fiscal 2019 Year End

## Fiscal 2019 Year End Closing Dates

Department Heads should review their unit's salary and non-salary accounts to ensure that all operating budgets are not in an actual or projected deficit. **ACTUAL AND/OR PROJECTED DEFICITS MUST BE COVERED THROUGH BUDGET TRANSFERS NO LATER THAN 7/12/19.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 14, 2019</td>
<td>Last day to process requisitions or change orders for FY19 goods and services. Please place your requisition with appropriate documentation and required approvals to allow conversion to PO. Goods and/or services physically received by the close of the fiscal period June 30, 2019 will be charged to FY19 budget.</td>
</tr>
<tr>
<td>June 14, 2019</td>
<td>Last day to place orders through Amazon.</td>
</tr>
<tr>
<td>June 21, 2019</td>
<td>Last day to place orders to Office Depot.</td>
</tr>
<tr>
<td>June 21, 2019</td>
<td>Last day for using a University Purchasing Card (UPC).</td>
</tr>
<tr>
<td>June 28, 2019</td>
<td>Any open purchase orders at the close of FY19 (6/30/19) will be charged against FY20 budget if the item hasn’t been physically received.</td>
</tr>
<tr>
<td>June 28, 2019</td>
<td>Goods to be charged against FY19 budget must be physically and electronically received (in banner) by the close of business day.</td>
</tr>
<tr>
<td>July 01, 2019</td>
<td>The Banner Finance System will be available for FY20 processing.</td>
</tr>
<tr>
<td>July 12, 2019</td>
<td>Last day to post Non-PO payment request’s with a transaction date of June 30, 2019 for FY19 goods and services received on or before June 30, 2019.</td>
</tr>
<tr>
<td>July 12, 2019</td>
<td>Cutoff date for processing Accounts Payable documents to be recorded in fiscal year 2019. Such documents include Non-PO payment request, travel, and invoices against purchase orders.</td>
</tr>
<tr>
<td>July 12, 2019</td>
<td>Last day to submit budget transfers, journal entry requests, and DCAs.</td>
</tr>
<tr>
<td>July 15, 2019</td>
<td>Last day to submit requests for Labor Redistribution corrections and adjustments (reallocation of salary and fringe).</td>
</tr>
</tbody>
</table>
Travel is taking place in the next fiscal year?

What should I do?

**FY19/ FY20**

**FY19** = $1,007.94
(Pre-Pay items only: Airfare & Registration)

**FY20** = $1,413.75
(All remaining travel costs)
Just a reminder...
Note: Account # 7215 (Mileage Reimbursement)

This account code should *always* be used when claiming mileage on all travel forms.

Example: if traveling to a conference by air and mileage is incurred from home to airport, this account code must be included on the travel form.

*(Please ensure sufficient funds are available)*

*When requesting mileage, please include the map printout confirming miles requested*
Acceptable Map Submission

Per Rowan Travel Policy: The shortest route must be used.

Accounts Payable will adjust if shortest route is not used.
NON-REIMBURSABLE TRAVEL EXPENSES

Examples:
Airline Upgrades
Seat Upgrades (Coach Only)
Acela Train
Alcohol
Hotels within 50 miles of work/home
Credit Card Finance Charges
Meals for Same Day Travel
(one day trips are not permitted Per Diem)
Movies
Travel/Baggage Insurance
Trip cancellation Insurance

For complete list, please refer to the Travel Policy
In order for a business expense to be approved and reimbursed, it must be properly substantiated. Original receipts for all expenditures are required. The policy also lists substantiation and original receipt elements required to pay allowable business expenses.

Credit card statements and missing receipt affidavits are no longer accepted as proof of payment.
Reminders:

When submitting all travel forms.
Original receipts must be taped to a 8 1/2 x 11 sheet of white paper
Using paper clips or staples on receipts will delay the travel reimbursement
October 1st Federal GSA Rates change

FY 2019 Per Diem Rates Now Available

Please note! The FY2019 rates are NOT the default rates until October 1, 2018.

You must follow these instructions to view FY2019 rates. Select FY2019 from the drop-down box above the "Search By City, State, or ZIP Code" or "Search by State" map, then click directly on the state in the map where you wish to view a rate. Otherwise, the search box only returns current FY rates.
When submitting restaurant receipts they MUST BE itemized.

Non Itemized Receipt Vs Itemized Receipt
Reminders:

Example of acceptable hotel receipt

(Vendor, Traveler, Dates, Amounts & Method of Payment)
• Day Travel Expense Form- Due 45 days after travel has occurred

• Travel Requests- Due within 4 weeks of travel (Domestic & International)

• Travel Expense Forms- Due 10 business days after travel has occurred

The Graveyard of Past Deadlines:

- ASAP
- Like Yesterday
- Noonish
- First Thing in the Morning
- Friday at 7 AM
- No later than Tuesday 6:15 PM EST

Don't Forget!
300+ travel request forms sit and wait
50% of this travel has taken place

Travel reimbursements for FY19 not received by *July 12, 2018* will be paid out of your FY20 budget.

Travel expense forms must be submitted 10 days after the end of travel.
PowerPoint slideshows are available on our website.
Checklist before travel:

- Complete Travel Request Form
- Attach supporting documents
- Ensure appropriate approvers sign
- Submit to Accounts Payable
- Expect travel approval email with Encumbrance #
- Once Encumbrance # is received, schedule your travel arrangements
Checklist after travel:

- Complete Travel Expense Form
- Taped original itemized receipts
- Supporting documentation attached
- Sign the form
- Ensure appropriate approvers sign
- Submit to Accounts Payable
- Expect reimbursement via direct deposit within 10 days of a correctly completed Travel Expense Form
Domestic Travel Request - A Successful form must have:

- The current travel request form. (Please see the Accounts Payable website for current forms: www.rowan.edu/accountspayable)
- Correct banner number for traveler
- City, State & Date of travel correspond with supporting documents
- Supporting documents attached (conference brochure, registration form, website info, agenda, etc.)
- Justification letter is attached if a rental car is requested
- Correct GSA per diem rate for destination (M&IE rate)
- If mileage is included on the travel request, please be sure it is charged to account 7215
- Account information listed on the form & money in the account.
- Department Head, Division Head and Ethics Liaison Officer signatures
Travel Expense - A Successful form must have:

✓ Current travel expense form. (Please see the Accounts Payable website for current forms: www.rowan.edu/accountspayable)
✓ Correct banner number for traveler is on form
✓ Encumbrance # listed on form
✓ Current mailing address listed on form (Do not write, Direct Deposit, all employees are paid via direct deposit)
✓ Conference agenda/schedule
✓ Include all OUT OF POCKET expenses (Items that the traveler has paid for)
✓ Submitted original receipts & taped all to a sheet of paper
✓ Receipts show paid, or a $0.00 balance due
✓ Uber receipt shows pick up and drop off address
✓ Signature of Traveler on the document
✓ Dept. Head/Project Director/Dean signatures
✓ Office of Sponsored Programs (OSP) signature for all grant funded expenses
✓ Justification letter when a rental car was used
✓ Include the overage approval letter if the reimbursement is $50.00 over the encumbered amount
✓ Account information listed on the form & money in the account.
Domestic Travel Request - An Unnecessary delay because:

- Banner Number is not correct
- Supporting documentation is not attached
- Rental car is requested, and justification letter was not submitted
- Account information is not listed
- Account is listed, however, there is not enough money, or there is no money in the account
- Dept. Head/Division head signature is missing
- Ethics Liaison signature is missing
- Office of Sponsored Programs (OSP) signature is missing
Travel Expense - An Unnecessary delay because:

✓ Travel request was not submitted
✓ Banner Number is not listed or incorrect
✓ Address is not listed
✓ Receipts: paper clipped or stapled to paper, submitted photo copies, do not show paid, or show a balance due
✓ Conference agenda/schedule was not attached
✓ Did not include: GSA per diem sheet for travel city and/or missing google map corresponding to requested mileage reimbursement
✓ Uber receipt does not show pick up and drop off address
✓ Justification letter was not submitted when a rental car was used
✓ The reimbursement is $50.00 or more over the encumbered amount, and an approval letter must be obtained, signed and submitted
For more information, please visit our website for the Travel Policy.
We hope you have a safe trip!

**Reminder:** Travel Expense forms are due **10** days after you return home. If you have a properly filled out Travel Request, filling out the Travel Expense will be a breeze.

**Reimbursements to employees will be made via direct deposit.**
WE'VE GOT
BIG EXCITING
(can't hold it anymore)
NEWS!
We are excited to announce a change for the University. A paper free travel experience and making those plans will be just as easy with a reliable, customer friendly Travel Agent equipped with an online booking tool in a few months.

**Concur Travel & Expense** and **Direct Travel**.
I hope you found the information to be helpful.

If you have any questions, comments or concerns.

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