

Travel Expense Claim

Reference Guide

- Read the procedure details on the first page and use the links to access procedures and policies.

Travel Expense Claim

PROCEDURE

Travel is a two-step process. The first step is to obtain authorization to travel prior to making travel arrangements, using the Travel Authorization form. The second step is reimbursement for expenses after the travel has occurred.

This Travel Expense Claim is the second step. Complete this form following the instructions below and initiate the routing process. In addition, **print page 3 of this form**, attach original receipts and send to the Controller's Office.

Traveler/Supervisor:

By submitting this form, I agree that I have reviewed the travel procedures at <https://www.lcsc.edu/controllers-office/travel/>.

and the Travel Policy 4.101 at <https://www.lcsc.edu/policies>.

Traveler:

- Read the instructions on the 2nd page and use the links to access additional reference documents.

Read the instructions on page 2, and any referenced documents.

INSTRUCTIONS

 **Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will not work correctly in your web-browser.** See [Instructions for Opening a Fillable Form in PDF](#).

 Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

 Mandatory fields on this form are highlighted in '**RED**'.

 Use the 'Save' icon to save this form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of the form.**

 Use a **Digital Id Signature** when signing this form. See [Creating a Digital ID Signature](#).

- Enter all traveler and itinerary information.
- Copy the Unique ID from the associated Travel Authorization and enter into the **Unique ID** field.

TRAVEL EXPENSE CLAIM DETAILS

TRAVELER INFORMATION

Name:

Department/Division:

Warrior ID Number:

LC State e-mail address:

Did the trip include more than one traveler?

Unique ID (from Travel Authorization):

ITINERARY

Travel type: Departure/Start date: Return/End date:

- If **College owned** or **College leased vehicle** is selected in the **Primary mode of transportation** drop down list, **both the Traveler and Supervisor must select their respective checkboxes to confirm the traveler has completed the Vehicle Use Agreement.**

Travel description & justification:

Primary mode of transportation:

If travel occurred in a College owned or leased vehicle, Vehicle Use Agreement must be completed. Check to confirm completion:

Private Vehicle used: No Yes Driver name:

Traveler: Supervisor:

- If **Private vehicle** is selected in the **Primary mode of transportation** drop down list, select the **Private Vehicle Used Yes** radio button, and the **Driver name**, **Private Vehicle license plate**, and mileage reimbursement estimate fields will appear. Complete these fields.
- Select the **Yes** radio button on the **Standard mileage rate** field. Example of Non-Standard mileage rate would be when a Grant pays a lower mileage reimbursement rate.
- **Pay close attention to the cost analysis requirement.**

Agreement must be completed. Check to confirm completion: traveler: supervisor:

Private Vehicle used: No Yes Driver name:

Private Vehicle license plate:

Standard mileage rate: No Yes Non-standard mileage rate: No Yes

Cost analysis justification must be provided in Appendix C if the most direct and cost effective method, route or duration of travel is deviated from. (For example, private vehicle use, additional days of travel, airline upgrade, extra baggage, etc.)

Complete the following fields to determine the total reimbursement mileage estimate.

Miles traveled	Multiplied by rate	Total
Use for standard mileage rate: <input type="text"/>	0.56	<input type="text" value="0.00"/>
Use for non-standard mileage rate: <i>Enter rate as a decimal in Multiplied by rate field:</i>		0.00

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- Enter Lodging and Per Diem information
 - A total for each of the lodging facilities entered will automatically calculate, based on the # of nights and rate per night entered. The total of all lodging facilities entered will automatically calculate as well.
 - Access Per Diem information on the Controller’s Office website using the link provided. Enter the appropriate Per Diem rate in the **Rate** field.
 - The **Breakfast, Lunch, Dinner** and **Full Day** Per Diem column totals, and the total of all Per Diem, will automatically calculate, based on the data entered.

Lodging: Did you stay at a lodging facility? Please select or ▾

If YES, please identify the lodging facility(s), number of nights stayed and rate per night:

#	Name of Lodging Facility(s)	Number of Nights	Rate per night	Total
1				\$ 0.00
2				\$ 0.00
3				\$ 0.00
Total				\$ 0.00

Per Diem: Only fill in individual meals if you are not claiming a full day of per diem. Exclude any meals provided by the event. Refer to <https://www.lcsc.edu/controllers-office/travel> for Per Diem information.

Rate:

Date	Breakfast – 25%	Lunch – 35%	Dinner – 55%	Full Day – 100%
Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total of all Per Diem:				\$ 0.00

- Enter the department account codes that the travel will be charged. A total will be calculate based on the dollar amounts entered.
- Pay close attention to the **Grant cost center** field and select Yes or No. Grant Approval fields on the following page will only display if the **Grant cost center** field is selected as **Yes**.

Funding Source: Please identify funding source(s) for this travel request.

Institutional Funding

#	Fund	Function	Cost Center	Dollar (\$) Amount
1				
2				
3				
4				
5				
Totals				

Any Grant cost center listed? Please select or ▾

- The Summarized Expense Information section provides for a breakdown of travel expenses. Enter the applicable Total, P-card, Direct Bill, Pre-paid check amount & 3rd party name for each Expense Category. The form will calculate what, if any amount, is due to the traveler. The **Lodging** and **Per Diem** total fields will automatically populate based on the entries above.
- The **Other Costs Explanation/Additional Comments** field should be used to enter details regarding unexpected costs.

Summarized Expense Information: Please identify the distribution of your travel expenses. Enter Total, P-Card, Direct Bill, and Pre-paid check amounts. Form will calculate Due to Traveler fields. Lodging & Per Diem totals will auto-populate based on entries above.

Expense Categories	Object code	Total	P-Card	Direct Bill	Pre-paid Checks	3rd party name	Due to Traveler
Airfare	55396						\$ 0.00
Baggage Fees	55396						\$ 0.00
Lodging	55396	\$ 0.00					\$ 0.00
Per Diem	55396	\$ 0.00					\$ 0.00
Vehicle Rental Fee	55396						\$ 0.00
Rental Fuel Costs	55396						\$ 0.00
Private Vehicle Mileage	55396						\$ 0.00
Parking Fees	55396						\$ 0.00
Toll Fees	55396						\$ 0.00
Other Transport Costs	55396						\$ 0.00
Registration Fees	55150						\$ 0.00
Other Costs	55396						\$ 0.00
Totals	Total expenses:	\$ 0.00	Total due to traveler:				\$ 0.00

Other Costs Explanation / Additional Comments:

- 3-rd Party funding – Example: a cost paid by an association or group, outside of LC State.

Was Third Party Funding used?

Third Party Funding Details

Name	Street	Address City	State	Estimated Dollar (\$) Amount	Will this be reimbursed?

- The preparer of the form, who may be the same person as the traveler, must enter their name, email address and phone number at the beginning of the Routing & Approvals section.

ROUTING & APPROVALS

Preparer of form: The preparer of this document is responsible for identifying all needed e-mail addresses. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Preparer name: **Email:**

Phone #:

- The preparer of the form is also responsible for entering the email addresses of the traveler and other approvers.
 - The traveler’s immediate supervisor should be entered into the **Immediate Supervisor** field. Please note, if the immediate supervisor is a Cabinet Member, enter their email address in the **Cabinet Member** field instead.
 - The **Next Level approver** field will only be used in the scenario where the traveler has an approver between their immediate supervisor and Cabinet Member.
 - Once the preparer has entered all of the email addresses and sent the form to the traveler (if necessary), the traveler will begin the signature and routing process.

- **Traveler and Supervisor:** pay close attention to the responsibilities you are attesting to by signing the form.

Signatory/Approver	LC State E-mail	Digital ID Signature	Action	
			Disapprove	Approve
Traveler:	<input type="text"/>	<input type="text"/>		<input checked="" type="checkbox"/>
<p><i>Traveler: By signing this form, I confirm I understand that it is my responsibility to review allowable expenses and obtain approval prior to incurring a travel expense. Travel receipts are required for all expenses, except where noted. If travel changes are necessary after incurring approved travel expenses, I must have my direct supervisor approve any travel changes (dates of travel, mode, etc.). As the traveler, it is my responsibility to ensure that travel expense receipts match travel reimbursement claims. Employees who choose to use a private vehicle for official travel do so as a matter of their own convenience and at their own risk. In the event of an accident, the employee's personal insurance carrier may be primary for both liability and physical damage coverage. Employees who elect to use private vehicles to perform LC State business are advised to notify their private insurance carriers.</i></p>				
Immediate Supervisor:	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If the Traveler's Immediate Supervisor is a Division/Department Head, Dean, Vice President or the President, there is no need to add a Next Level Approver. Otherwise, a Next Level approver who is a Division/Department Head or higher is required.</i></p> <p><i>Supervisor: By signing this form, I confirm that I understand that it is my responsibility to ensure that travel expenses are allowable and that the traveler adheres to travel policies. If most direct and cost effective method, route or duration of travel is deviated from, I confirm I have reviewed and approved the cost analysis. As the supervisor, it is my responsibility to ensure that travel expense receipts match travel reimbursement claims and that each travel expense is charged to the appropriate account and expense object.</i></p>				

- Traveler will sign the form with their Digital ID. See [Creating a digital ID signature](#) for information on digital signatures.
- Once the traveler has signed the form, click the green **Approve** button to start the approval routing.
- An auto-generated email will open after the traveler has clicked the **Approve** button. Simply click the **Send** button on the email to start the routing. The traveler and preparer are cc'd on the email as it is routed for approval.

Send	To...	<input type="text" value="supervisor@lcsc.edu"/>
	Cc...	<input type="text" value="traveler@lcsc.edu; preparer@lcsc.edu"/>
	Bcc...	<input type="text"/>
	Subject	Signature Request: Travel Expense Claim - For: test
Attached	<input type="text" value="Travel Expense ClaimTEST"/> <input type="text" value="2 MB"/>	

Reviewer,

A Travel Expense Claim is being sent to you for approval.

The Travel Expense Claim is for: test.

Please use ADOBE PDF Reader to open and review the attached Travel Expense Claim.

If you want to approve the Travel Expense Claim, under the heading 'Routing & Approvals (See page 3.), you will need to:

- If the expense claim is \$150 or 25% higher (whichever is greater) than the amount approved on the Travel Authorization, enter the Cabinet Member's email address and send for approval. The
- **Grants & Contracts** signature fields will only become visible if Yes is selected in the **Grant Cost Center** field above. These fields are only applicable if a grant cost center will be paying for all or part of the travel expenses.
- The **President (for out-of-state travel)** signature fields will only become visible if **out-of-state** is selected in the **Travel Type** field on page 3.

Cabinet Member*:	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
*If the expense claim is \$150 or 25% higher (whichever is greater) than the amount approved on the Travel Authorization, send to Cabinet Member for approval.				
Grants & Contracts: (If a Grant cost center is used)	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
President: (For out-of-state travel)	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Once all of the approvers have approved the Travel Expense Claim and the Controller's Office has accepted the approved form, the traveler and preparer will receive a message indicating acceptance.

Send	To...	<input type="radio"/> traveler@lcsc.edu ; <input type="radio"/> preparer@lcsc.edu
	Cc...	<input type="radio"/> Controllers Office Travel ; <input type="radio"/> supervisor@lcsc.edu
	Bcc...	
Subject		Accepted: Travel Expense Claim - From: Controller's Office - For: test
Attached		 Travel Expense ClaimTEST 2 MB

Traveler

A Travel Expense Claim has been accepted by the Controller's Office.

The Travel Expense Claim is for: test.

Thank you.

COTravel@lcsc.edu