

# TRAVEL EXPENSE VOUCHER

Wake Forest Baptist Medical Center

TRIP #: \_\_\_\_\_

Date: \_\_\_\_\_

Traveler: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Telephone Extension: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Travel	Transportation			Hotel	Meals			Registration Fees	NON-ALLOWABLE COSTS	Miscellaneous	
	Airfare	Personal Vehicle Rate <u>0.565</u> ¢ # of Miles	Total Cost	Other Transportation Cost	Single Rate and Tax	Breakfast	Lunch			Dinner	Amount
<b>TOTALS</b>											

**INDICATE COMPLETE DISTRIBUTION:**

**ALL TRAVEL EXPENSE VOUCHERS ARE SUBJECT TO VERIFICATION, INCLUDING THIRD PARTY CONFIRMATION PROCEDURES.**

I certify that the above charges are true, just and were incurred for institutional related business and no part of these expenses has been or will be reimbursed by a Third Party (External Organization or Individual). I further certify that Non-Allowable Costs, as defined by Federal guidelines, have been listed in the **NON-ALLOWABLE COSTS** column.

BUSINESS UNIT	ACCOUNT	FUND	DEPARTMENT	PROGRAM	PROJECT	EXPENSES
	6 2 6 5 1					\$
						\$
						\$
<b>NON-ALLOWABLE COSTS</b>						
	6 2 6 5 5					\$
<b>TOTAL TRAVEL EXPENSES</b>						\$

\_\_\_\_\_  
Signature of Traveler (Sign in **ALL** Cases)  
I hereby approve the above expenses:

\_\_\_\_\_  
Signature of Department/Section Head (PRINT NAME)

\_\_\_\_\_  
Signature of Chart Field Approver (PRINT NAME)

**Institutional Expenses:**

LESS: Airfare Charged to Institution \$ \_\_\_\_\_  
 Advance Room Deposit Paid by Institution \$ \_\_\_\_\_  
 Advance Registration Fee Paid by Institution \$ \_\_\_\_\_  
 Other Adjustments \$ \_\_\_\_\_  
**Total Institutional Expenses: \$ \_\_\_\_\_**

**Enter amount due to "Employee" or "Institution"**

Due Employee \$ \_\_\_\_\_  
 Due Institution \$ \_\_\_\_\_

\_\_\_\_\_  
Prepared by: (PRINT NAME) Telephone Extension \_\_\_\_\_

# TRAVEL EXPENSE VOUCHER INSTRUCTIONS

It is the Institution's intent to allow for adequate, comfortable (not luxury) accommodations for employees who are required to travel on Institution business. It is expected that employees will use discretion and good judgment in spending Institution funds. Use of first class sections of jet planes, resort hotels, luxury restaurants, individual taxis to and from airport, and items of like nature are usually considered to be in excess of normal business needs. Each employee is expected to be familiar with and abide by Institution policy.

## FILE THIS REPORT WITHIN 10 DAYS AFTER COMPLETION OF TRAVEL.

Reports not conforming to instructions will be returned for correction.

1. Examples of Non-Reimbursable Expenditures: Charges for Traveler's Cheques, Valet, Personal Entertainment and Recreation, Snacks and any type of rental car insurance.
2. When airfare, room deposits, or registration fees are paid in advance by the Institution, include the appropriate amounts in the proper expense columns and enter them opposite the indicated categories to be deducted from Total Travel Expenses.
3. Receipts: Tape Original Receipts on 8½ x 11" paper. Receipts submitted should include (but not be limited to) the following:
  - (a) Travel Cost – Plane, Train and Bus
  - (b) Local Transportation Cost – Rented Automobile
  - (c) Hotel/Motel
  - (d) Registration Fees and Copy of Registration Form if Fee is not paid in advance by Institution. (If no receipt is given, attach identification card listing amount)
  - (e) Miscellaneous Items
4. Meals & Incidentals: Show each meal separately, including tips in cost of the meals and individuals attending. You must submit itemized receipts if you are claiming reimbursement for any amount over or other than the daily per diem rate. The per diem reimbursement rate for 2013 is \$46 per day.
5. Mileage: List number of miles driven each day when personal vehicle is used.
6. Distribution(s): The Distribution(s) entered should agree with the distributions recorded on the **TRAVEL AUTHORIZATION**.
7. **Non-Allowable Costs must be listed and accounted for separately due to Federal Grant requirements with which WFBMC must comply. Federal guidelines define Non-Allowable Costs as alcoholic beverages and first class air travel. The traveler will be reimbursed for these costs within the parameters of WFBMC travel policy. Non-Allowable Costs must be expensed separately on the front of this form using Account 62655.**
8. Include non-meal tips and other items which cannot appropriately be included under other headings under the miscellaneous heading.
9. **You will need to manually enter the dollar amount that is due to the "Employee" or the "Institution".**