

Office of the Dean School of Arts and Sciences Phone: (212) 772 5121 Fax: (212) 772 5138

Memorandum

To: Department Chairs & Assistants

From: Luz Ramirez

School of Arts & Sciences

Date: April 1, 2017

Re: REVISED---Travel Reimbursement Guidelines for Invited Speakers

In order to reimburse invited guest speakers for travel expenses, Departments are asked to follow the guidelines described below:

I. Invited guest speakers normally book their own hotel reservations and make their own travel arrangements. They must follow the New York State allowance *per diems* for lodging according to the dates they travel:

Please note:

- 1. Speakers should not book a combination package which includes airfare and hotel if the package does not itemize the amounts paid for each. We won't be able to reimburse faculty for this unless the receipt shows how much was paid for the airline ticket and hotel individually.
- 2. Hotel receipt: Please submit proof of payment. Room service charges are not reimbursed.
- 3. The airfare <u>cannot</u> be purchased as First Class. We cannot reimburse for traveler's insurance or extras (e.g.: more leg room). Please submit the airfare receipt, proof of payment and the original boarding passes.
- 4. Train tickets should not be purchased as Business Class or the Acela train! Please keep the original boarding receipts and receipt showing total amount paid for reimbursement.

Maximum per diem rates for lodging in Manhattan hotels:

You can obtain the latest lodging *per diem* rates by clicking on this link or by copying and pasting the link below:

http://www.gsa.gov/portal/content/104877?utm_source=OCM&utm_medium=print-radio&utm_term=HP_01_Requested_perdiem&utm_campaign=shortcuts

There is a meal *per diem* rate of \$74.00 per day that covers breakfast and dinner. But if breakfast and dinner are provided by Hunter, then meal *per diem* cannot be used. Lunch expenses are not reimbursed.

- II. To pay an honorarium to an invited guest speaker the following forms and materials should be submitted to the Dean's office:
 - "Employee Report of Travel Expenses and Claim for Payment" must be Signed by speaker
 - "Standard Voucher for CUNY" form must be Signed by speaker
 - "Non-State Employee Travel Reimbursement" form must be signed by the Chair
 - We need a copy of the letter or e-mail sent to the speaker inviting him/her for an lecture at Hunter with the amount that you are offering for the honorarium.
 - We need a copy of the flyer (or email) for the day that the speaker gave the talk at Hunter College

Submit all original receipts (no copies, no faxes) for reimbursement.

- 1. Transportation Ticket (plane, train or bus) must have amount to be reimbursed on it. If purchasing airfare and hotel stays online, we must have a printed receipt or a confirmation for the transaction.
- 2. Travel by car requires a "Travel by Automobile Statement" form. If using rental cars, the Department must attach a letter of justification explaining why the rental car was the least expensive form of transportation.
- 3. Hotel receipts must say "0" balance or attach proof of payments, e.g. credit card statement. See guidelines on per diem allowances for New York City.

If you'd like, please email a copy of this Memo to the speaker before they make travel arrangements.

The travel forms can be obtained from me. If you have any questions, please contact me at (212) 772-5521 or via email: <u>Luz.Ramirez@hunter.cuny.edu</u>

Agency Name				Business Unit/Department Code					
Employee ID (Social Security +)	Official Station	Official Station						
_ast Name		First Name		MI	Suffix				
Address									
	- Chat-	700	Normal	Work Hours					
City	State	Zip	Nomai	NOTE TOURS					
Business Purpose		Travel Destina	tion						
Travel Start Date and Time	Travel End Dat	e and Time		Check if used: Corp Card Advan	ce Direct I				
Travel Description									
Indicate All Travel Expenses	e is required in any section, usedtail form (number shown in p	se the	Totals	2. Summary	Amount				
Lodging	aetail form (mamber shown in p	valerineses below)		A. Total Travel Expenses					
Fransportation (AC3259-S)				B. Subtract Amount Billed to Corp Card (AC3256-S)	13				
				Corp Card (AC3250-5)	1				
Meals (AC3258-S)					+				
Overnigh	nt Per Diem @ \$	each =		-	+				
Additional Breakfast @ \$ each + Addit	tional Dinner @ \$	each =			+				
Day Trip Breakfast @ \$ each + Day	Trip Dinner @ \$	each =			-				
Mileage Claimed (AC160-S)	@	¢ per mile =							
Incidental Expenses – List (AC3259-S)									
				4					
·									
Total Travel Ex	penses – Enter in Se	ction 2 Line A		Total Amount Claimed					
		veler's Certification							
I hereby certify that the above account and atta balance therein stated is actually due and owin	iched schedules are just, t g, and that the amounts o	true and correct, that laimed were necessa	no part thereof ary an incurred i	has been paid, except as stated there in the performance of my official duties	in, and that the				
Signature		Title			Date				
I, the claimant's supervisor, certify that this according the performance of the claimant's authorized	ount has been examined	r's Certification (if r and to the best of my		d belief, the amounts claimed therein w	ere necessary				
Control		Title			Date				
Signature		*****	Travel Auth. Code						

	g Agency						Orig	. Agency Co			Intere	st Eligib	He (Y/N)		2 P.C	Contract	
	Hunter College 70030						Liability Date (MM) (DD) (YY)										
nent Det	(MM)	(DD) / (YY)		Check Dat	te ((MM) (DD)	/ ^(YY)	2					/	/		_
Payee ID	(5,5,#)	Ad	ditional			Zip C	ode	R	oute		Paye	e Amou	int				
Payee N	ame (Limit to :	30 spaces)									1099	Code		Merch/Ar	v. Rec'd Dat	• (MM/DD	O /Y
	(Limit to 30 s										Stati	stic Ty	>0	S	itatistic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
	*								4		6	Ref/Inv	. No. (Lin	nit to 20 s	paces)		
•	nit to 30 space										Ref/	nv. Dat	• (MM)	(DD)	(YY)		
ress (Lir	mit to 30 space)												/ /			_
(Limit to	20 spaces)	1 1 2	(Li	mit to 2 space	×es) ——	State		Zip Code			1	a I					
Purchase No. and	Order Des	cription of I	Material/ e block t	Service—If it	ems are too	numer	rous to be incorry total forward	porated	Quant	ity	Unit		Price		Ar	nount	_
																	į
												9					1
																	!
	-																i
																	1
																	1
														- 1			1
	C N										1						
											4						1
7.													*				1
Payee (Certification	was bill is in	et true d	and correct. If	hat no part t	hereof	has been paid	except as s	tated and	that t	he balance	is	Total				1111
Payee (Certification ify that the above	ove bill is ju	et, true a	and correct, the	hat no part t	thereof	has been paid re excluded.	except as s	tated and	that t	he balance	is	Total	nt			1
I cert actually	ify that the abo due and owin		st, true a taxes fro	and correct, to	het no part t	thereof	has been paid re excluded.	except as s	tated and	×	he balance	is	Discoun	nt %			-
I cert actually	Certification Ify that the abordus and owin 'ayee's Signate		et, true a taxes fro	and correct, the	hat no part t State is exe	thereof	has been paid re excluded.	except as s		×	he balance	is	Discoun	%			1
I cert actually	ify that the abo due and owin		st, true a taxes fro	and correct, the	hat no part t		has been paid re excluded.			×	he balance	_	Discoun	%	S PRE-AUDI	· · · · · · · · · · · · · · · · · · ·	-
I certiactually	ify that the abo due and owin Payee's Signate Date	ure in Ink		FOR AGENC	Y USE ONL	N	lame and Comp	pany	Title	×	he balance	_	Discoun	% Set ROLLER'S	S PRE-AUDI'	Payment	1
I certiactually	ify that the above due and owing a superior supe	ure in Ink		FOR AGENC	Y USE ONL	N		pany	Title	×		STATE	Discoun	% Set ROLLER'S	S PRE-AUDI Certified For of Net Am	Payment	1
I certiactually	ify that the abo due and owin Payee's Signate Date	ure in Ink		FOR AGENO	CY USE ONL	N _Y and jus	lame and Comp	pany	Title	×	he balance	STATE	Discoun	% Set POLLER'S	Certified For of	Payment	1
l certification in a contract of the contract	that the abordue and owing a series of the abordue and owing a series of the abordus and a series of the abordus a	ure in Ink		FOR AGENO	Y USE ONL	N _Y and jus	lame and Comp	pany	Title	×		STATE	Discoun	% Set POLLER'S	Certified For of	Payment	
l certification of the control of th	that the abordue and owing a second owing the second owin	ure in Ink	pertify the	FOR AGENC	CY USE ONL	N _Y and jus	ame and Comp	pany	Title		Veri	STATE	N COMPT	% Set POLLER'S	Certified For of	Payment	
l certification of the control of th	that the abordue and owing a common owing the common owin	ure in Ink		FOR AGENC	CY USE ONL or is correct a Authorized	N Y and just Signati	lame and Comp	pany	Title		Veri	STATE	N COMPT	% ROLLER"	Certified For of	Payment	
l certification of the control of th	pe No.	are in Ink	Date	FOR AGENC at this vouche	CY USE ONL	N Y and just Signati	t, and payment ure Title	pany	Title	Spe	Veri	STATE fied ited	N COMPT	% ROLLER!	Certified For of Net Am	Payment	
l certification of the control of th	that the abordue and owing a second owing the second owin	are in Ink	pertify the	FOR AGENC	CY USE ONL or is correct a Authorized	N Y and just Signati	lame and Comp t, and payment ure Title	pany	Title	Spe	Veri	STATE fied ited val (as r	N COMPT	% ROLLER!	Certified For of Net Am	Payment	
l certification of the control of th	pe No.	Var.	Date Yr.	FOR AGENC at this vouchs Object	Expenditure Dept.	N N N N N N N N N N N N N N N N N N N	t, and payment ure Title um. Statewide	sany is approved.	Title	Spe	Veri Aud	STATE fied ited	N COMPT	% ROLLER!	Certified For of Net Am	Payment	
Pag Dept.	pe No.	Var.	Date Yr.	FOR AGENC at this vouchs Object	Expenditure Dept.	N N N N N N N N N N N N N N N N N N N	t, and payment ure Title um. Statewide	pany	Title	Spe	Veri	STATE fied ited val (as r	N COMPT	% ROLLER!	Certified For of Net Am	Payment	
Pag Dept.	pe No.	Var.	Date Yr.	FOR AGENC at this vouchs Object	Expenditure Dept.	N N N N N N N N N N N N N N N N N N N	t, and payment ure Title um. Statewide	sany is approved.	Title	Spe	Veri Aud	STATE fied ited val (as r	N COMPT	By	Certified For of Net Am	Payment	
Pag Dept.	pe No.	Var.	Date Yr.	FOR AGENC at this vouchs Object	Expenditure Dept.	N N N N N N N N N N N N N N N N N N N	t, and payment ure Title Um. Statewide Date (DD)	sany is approved.	Title	Spe	Veri Aud	STATE fied ited or Age 700	N COMPT	By Liq	Certified For of Net Am Net Am Juidation Optional	Payment	
Pag Dept.	pe No.	Var.	Date Yr.	FOR AGENC at this vouchs Object	Expenditure Expenditure Expenditure	N N N N N N N N N N N N N N N N N N N	t, and payment ure Title Um. Statewide Date (DD)	sany is approved.	Title	Spo	Veri Aud	STATE fied ited oral (as r	N COMPT	By Liq	Certified For of Net Am	Payment	
Page Dept.	Payee's Signate Date Date By Cost Center	Var.	Date Yr. ability D	Object ate (YY)	Expenditure Dept. (MM	N N N N N N N N N N N N N N N N N N N	t, and payment Title Title Date (DD)	sany is approved.	Amou	Spo	Veri Aud	STATE fied ited oral (as r	N COMPT	By Liq	Certified For of Net Am Net Am Juidation Optional	Payment	
Page Dept.	Payee's Signate Date Date By Cost Center	Var.	Date Yr. ability D	Object Object Object	Expenditure Expenditure Expenditure Expenditure Expenditure Dept.	N N N N N N N N N N N N N N N N N N N	t, and payment Title Title Date (DD)	sany is approved.	Amou	Spe	Veri Aud	STATE fied ited oral (as r	N COMPT	By Liq	Certified For of Net Am Net Am Juidation Optional	Payment	

NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST

To be submitted to the Office of the Division Vice President for written justification for reimbursement of expenses incurred by non-New York State residents who are candidates interviewing for positions at the college.

osition:					
epartment:					
vivision:					
	••				
Iotel:				**Rate:	
USTIFICATION:					
		an (1971)			
					_
Department Chairperson		-	Date		
Division Dean			Date		
Division Zemi			• • •	T = "	
			Date	,	
Division Vice President					

hotel rates exceeding state allowable reimbursement.