

Memorandum

To: Department Chairs & Assistants

From: Luz Ramirez
School of Arts & Sciences

Date: April 1, 2017

Re: REVISED---Recruitment - Candidate Travel Reimbursements

In order to reimburse invited guest speakers or candidates that are interviewed for full time positions for travel expenses, Departments are asked to follow the guidelines described below:

- I. Candidates should 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. Candidates 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 cannot 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 Acela. Please keep the original boarding receipts for reimbursement.

Maximum *per diem* rates for lodging in Manhattan hotels:

You can obtain the latest lodging *per diem* rates 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.

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- II. To reimburse candidates the following forms and materials should be submitted to the Dean's office:

The candidates must submit all original receipts in order to be reimbursed:

Forms needed:

- "Employee Report of Travel Expenses and Claim for Payment" must be **Signed by Candidate**
- "Standard Voucher for CUNY" form must be **Signed by Candidate**
- "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 candidate inviting him/her for an interview at Hunter
- We need a copy of the agenda (or email) for the day the candidate visited Hunter College

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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 give a copy of this Memo to the candidate 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: Luz.Ramirez@hunter.cuny.edu

State
of
New York**EMPLOYEE REPORT OF TRAVEL EXPENSES
AND CLAIM FOR PAYMENT**

Agency Name		Business Unit/Department Code	
Employee ID (Social Security #)	Official Station		
Last Name	First Name	MI	Suffix
Address			
City	State	Zip	Normal Work Hours
Business Purpose		Travel Destination	
Travel Start Date and Time	Travel End Date and Time	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Travel Description			
1. Indicate All Travel Expenses	<small>If more space is required in any section, use the associated detail form (number shown in parentheses below)</small>	Totals	2. Summary
Lodging			A. Total Travel Expenses
Transportation (AC3259-S)			B. Subtract Amount Billed to Corp Card (AC3256-S)
Meals (AC3258-S)			
Overnight Per Diem @ \$ each =			
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
Mileage Claimed (AC160-S)	@ ¢ per mile =		
Incidental Expenses – List (AC3259-S)			
Total Travel Expenses – Enter in Section 2 Line A			Total Amount Claimed
Traveler'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.			
Signature	Title	Date	
Supervisor's Certification (if required)			
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.			
Signature	Title	Date	
FOR AGENCY USE ONLY		Expense Report Number	Travel Auth. Code
Entered by		Date	

STATE OF
NEW YORK

STANDARD VOUCHER FOR CUNY

Voucher No.

1	Originating Agency Hunter College	Orig. Agency Code 70030	Interest Eligible (Y/N)	2	P-Contract
Payment Date (MM) / (DD) / (YY)		Check Date (MM) / (DD) / (YY)		Liability Date (MM) / (DD) / (YY)	
3	Payee ID (S.S. #)	Additional	Zip Code	Route	Payee Amount
4	Payee Name (Limit to 30 spaces)			1099 Code	Merch/Inv. Rec'd Date (MM/DD/YY)
Payee Name (Limit to 30 spaces)				Statistic Type	Statistic
Address (Limit to 30 spaces)				6 Ref/Inv. No. (Limit to 20 spaces)	
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) / (DD) / (YY)	
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code		

7	Purchase Order No. and Date	Description of Material/Service—If items are too numerous to be incorporated into the block below, use form AC 93 and carry total forward	Quantity	Unit	Price	Amount

<p>8 Payee Certification</p> <p>I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.</p> <p>→ Payee's Signature in Ink _____ Title _____</p> <p>_____ Date _____ Name and Company _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Total</td><td></td></tr> <tr><td>Discount</td><td></td></tr> <tr><td>%</td><td></td></tr> <tr><td>Net</td><td></td></tr> </table>	Total		Discount		%		Net	
Total									
Discount									
%									
Net									

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received	I certify that this voucher is correct and just, and payment is approved.			Verified	Certified For Payment of Net Amount		
Date	Authorized Signature			Audited			
Page No.	Date	Title		Special Approval (as required)			
By				By _____			

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
70								70030			
Liability Date (MM) / (DD) / (YY)		From Date (MM) / (DD)		TR	Subledger		Optional				
Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date (MM) / (DD) / (YY)		From Date (MM) / (DD)		TR	Subledger		Optional				

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.

Date: _____

Candidate: _____

Position: _____

Department: _____

Division: _____

Airline: _____ Fare: _____ *1st Class: ___ Coach: _____

Hotel: _____ **Rate: _____

JUSTIFICATION:

* Department Chairperson _____

_____ Date

Division Dean _____

_____ Date

Division Vice President _____

_____ Date

*First class fare must be approved by the Provost with a justification letter attached.

**New York State Comptroller's Office requires a pre-approval letter from the Divisional Head for conference hotel rates exceeding state allowable reimbursement.