

Memorandum

To: Department Chairs, Directors & Assistants

From: Luz Ramirez
School of Arts & Sciences

Date: April 1, 2017

Re: REVISED--Faculty travel -- reimbursement guidelines

Please note:

- Faculty 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. Please use American carriers for air travel.
- **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.**
- For hotel receipts, please submit proof of payment. Room service charges are not reimbursed.
- Train tickets should not be purchased as Business Class! Please submit proof of payment and keep the original boarding receipts for reimbursement.

In order to reimburse faculty for expenses related to a conference that they attended, we need:

1. All original receipts. (When submitting airfare receipts, **please submit proof of payment and original boarding passes also**).
2. Receipt for lodging must show "0" balance, and please attach proof of payment (the State does not pay for room service).
3. ****Change in the use of conference hotels if the rates are higher than the per diem:**
If you need to book a hotel that goes over the per diem rates or if the conference organizers recommend a hotel and the rates go over the per diem rates, please send a Memo on your Department letterhead to my attention with the justification and I will forward it to Mr. John Battaglia, the Director of Accounts Payable, to see if he can approve the higher hotel rate. Please send me the Memo prior to booking the hotel.

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

<http://www.gsa.gov/portal/category/21287>

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4. Meal *per diems* are paid according to the dates of the conference and the number of nights the faculty stays at a hotel. The State does not pay for room service or lunch, only breakfast and dinner. If you stayed with a colleague or friend for the lodging, you can still request a meal and lodging per diem in the amount of \$50 a day. You must write a Memo requesting this per diem and write the dates covered.
5. For registration receipts, also show proof of payment if paid by credit card or check (submit copy of credit card statement or copy of front and back of check).
6. Please attach a copy of the conference brochure and/or agenda showing the name, dates and location of the conference attended.
7. For airfare receipts please submit proof of payment and also submit boarding passes.
8. If the use of a rental car is absolutely necessary, Accounts Payable needs a Memo justifying why.

Travel forms needed:

1. "Employee Report of Travel Expenses and Claim for Payment" form
2. "Hunter College Employee Travel Authorization Request Form". (You can obtain these forms from your Department or from me).

If you have any questions, please feel free to contact me at Ext. 15521 or (212) 772-5521.

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

| | | | | | |
|----------------------------|--|--------------------------|-------------------------------|--|--------|
| Agency Name | | | Business Unit/Department Code | | |
| Employee ID | | 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 | Amount |
|---|--------|--|--------|
| 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

Hunter College

Employee Travel Authorization Request

Please type or print the following information and submit for approval prior to your travel. The completed form is to be submitted with your travel reimbursement voucher.

Requestor's Name: _____ Title: _____

Department: _____ Business Telephone Number: _____

Destination: _____

Purpose of Travel: _____

(Attach copy of conference or seminar brochure)

Departure Date: _____ Return Date: _____

Estimated Cost of Travel

Transportation Expenses: _____ \$ _____
(Air/Train Fare or Estimated Mileage Cost and Tolls)

Lodging Expense*: _____ days @ \$ _____ per day = \$ 0.00
(Include occupancy tax outside of NYS – 20% estimate)

Meal Expenses: _____ days @ \$ _____ per day = \$ 0.00
(Receipted or Per Diem)

Miscellaneous Expenses: \$ _____
(Taxi expenses to and from common carrier,
Conference Registration Fees, etc.)

Total Estimated Cost of Travel: \$ 0

***Lodging reimbursement above the GSA per diem requires prior approval by the Accounts Payable Office.**

I understand that travel expenditures paid by the college and/or reimbursed to me are governed by the rules and regulations of the New York State Comptroller's Office and CUNY, and is limited by the amount that is allowed by the college (see below).



Signature of Applicant _____

Date _____

Total travel expenditures allowance: Full or Partial \$ _____

Approved by:

Signature of Dean, Chair Person
or Department Head _____

Typed or Printed Name of Dean,
Chair Person or Department Head _____

Date _____