**Controller's Office**
500 8th Avenue, Lewiston, ID 83501
208-792-2206 | COTravel@lcsc.edu

# 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:**

- 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.

**Supervisor**:

- I understand that it is my responsibility to ensure that travel expenses are allowable and that the traveler adheres to travel policies. 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.

## 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. See Show Border Hover Color.

Mandatory fields on this form are highlighted in '**RED**' and have a dark border that outlines the mandatory field.

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.


Click the '**RED**' button with an X to stop the routing of this document, and identify why you stopped the routing of this document.

Click the '**GREEN**' button with a check mark to send this document to the next reviewer.

For Reference: See Instructions for attaching a file to a PDF.

## TRAVEL EXPENSE CLAIM DETAILS

### TRAVELER INFORMATION

Name:

Department/Division:

Warrior ID Number: **Zero(s) in front to create 7 digit #**

LC State e-mail address:

Did the trip include more than one traveler? Please select one

Unique ID (from Travel Authorization): Error: Warrior ID must be 7 digits.

### ITINERARY

**Must use drop down to select date**

Travel type: Please select one Departure/Start date: Return/End date:

Travel destination(s):

Primary purpose of travel: Please select one

Travel description & justification:

Primary mode of transportation: Please select one

If travel occurred in a College owned, rented or leased vehicle, Vehicle Use 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 amount.

| Miles traveled | Multiplied by rate | Total |
|---|---|---|
| Use for standard mileage rate: | | |
| | .67 | 0.00 |
| Use for non-standard mileage rate: | | |
| *Enter rate as a decimal in Multiplied by rate field:* | | |
| | | 0.00 |

**Lodging**: Did you stay at a lodging facility? Please select one

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 the LC State travel website (https:// www.lcsc.edu/controllers-office/travel) for Per Diem information.

**Rate:**

| Date | Departure Time | Return Time | 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

**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 | | | | $ 0.00 |

Any Grant cost center listed? Please select one

**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** | Please select one | $ 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 |

Travel advance received:

**Net due to traveler:** $ 0.00

**Other Costs Explanation / Additional Comments:**

**Was Third Party Funding used?** No

**Third Party Funding Details**

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

**ROUTING AND APPROVALS**

**Preparer of form: The preparer of this document is responsible for identifying all needed e-mail addresses and to confirm all travel expense receipts match the reimbursement claim. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.**

**Preparer name:** **Email**:

**Phone #**:

| | | | Action | |
|---|---|---|---|---|
| **Signatory/Approver** | **LC State E-mail** | **Digital ID Signature** | **Disapprove** | **Approve** |
| **Traveler:** | | | | ✓ |

*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.*

**Immediate Supervisor:** X ✓

*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.*

*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.*

**Next Level approver:** X ✓

**Cabinet Member*:** X ✓

***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)**

**President:**
**(For international travel)**

**CONTROLLER'S OFFICE USE ONLY**

Date Received:

Received by:

**Action**

- ◯ Accepted ✓
- ◯ **Modifications Needed** for Acceptance X

Explanation:

Notes:

File Name:

## Appendix A: Other Travelers

### Other Travelers

| | Name | LC State Affiliation | Warrior ID |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

## Appendix B: Mileage Log

Provide mileage log details to justify mileage reimbursement request.

*Examples: Odometer readings, map with starting point and destination information, etc.*

## Appendix C: Cost Analysis

Cost analysis justification must be provided if the most direct and cost effective method, route or duration of travel is deviated from.

*Examples: Provide analysis of cost of rental vehicle and fuel compared to private vehicle use and mileage reimbursement; provide justification regarding traveling with family member; additional days of travel; airline upgrade.*