Individual Travelers for MSU can be either Non-employees or Employees

NON-EMPLOYEES: Identified as any traveler not on MSU Payroll. These can be students, guest speakers, etc.

Non-Employees follow the same State of Montana travel rules and regulations as employees, with some exceptions:

  o No access to State Vehicles / reimburse mileage at the current high rate, up to 1,000 miles, then middle rate applies
  o Usually not eligible for government rates for lodging / reimburse actual lodging
  o Not eligible to be reimbursed for unreceipted expenses / only employees can be reimbursed for daily incidentals up to $25.00 without a receipt
  o Can be reimbursed for meals using the meal p/d rate or by itemized receipt(s)
  o Travel Authorization (TA) is not required/Travel Expenses Voucher (TEV) is not required
    ▪ Except for MSU students – TA and TEV is required

TYPICALLY, NO RECEIPT, NO REIMBURSEMENT

EMPLOYEES: Identified as any traveler on MSU Payroll. These can be Grad Students, Faculty, and Staff

Employees follow the same State of Montana travel rules and regulations regardless of the funding source they are using to travel on.

CHANGES COMING TO MSU ON HOW EMPLOYEE TRAVEL WILL BE HANDLED – CHROME RIVER

Electronic processing: at the approval stage

  of expenses on the Purchasing Card

  of reimbursements

Steps for travel will continue to be the same:

  1) Pre-travel planning by the traveler, will be very important.
  2) Obtaining Approval to Travel (whatever form it takes)
  3) Traveling
  4) Recapping expenses of trip and being reimbursed
PLANNING THE TRAVEL:

Funding source?
Estimated Expenses?
Combining Business and Personal Travel?
Need Advance?

Tools to help with planning:
Attached examples of trip planning worksheets
Travel Recap Sheet

OBTAINING APPROVAL TO TRAVEL:

Continue with the current Travel Authorization form (copy in packet)
Complete electronic Travel Authorization through Chrome River
Complete for all employee and student travel (file at department)

Routing - In/State: required for travel advances and submit with lodging expense if claiming actual cost lodging
Routing - Out/State: requires preapproval from OSP for grant/IDC indexes; and submit with expenses on either the P-card report or with the travel BPA.
International Routing: requires preapproval from OSP for grant/IDC indexes; and submit with expenses on either the P-card report or with the travel BPA.

MAKING TRAVEL PURCHASES/TRAVELING: **

Through Policies and Procedures, MSU provides tools to minimize the cost of traveling to the employee.

Policy is to use MSU Purchasing Card for all travel ‘purchases’
Airlines/baggage fees/lodging/car rental/taxis/etc.

Obtain Travel Advances if needed
Offset hardship situation for meals/incidentals

Identify Business portion of travel when combining business and personal travel
Obtain comparables to identify ‘Business’ only portion of travel
RECAPping EXPENSEs OF TRIP AND BEING REIMBursed:

   Continue using the Travel Expense Voucher (copy in packet)
   Complete CHROME RIVER EXPENSE REPORT
   ******

COMMON MISTAKES THAT HAPPEN ON TRAVEL BPA'S:

Authorization Issues:
   Expenses not approved on a grant index
   No Travel Authorization
   Missing Signature(s)

Policy Issues:
   Mileage rate issue
   Actual cost lodging (High cost lodging)
   Meals p/d rates

Proof of trip for out/state travel

OFFICE OF SPONSORED PROGRAMS

MARY ENGEL – 994-1982
mengel@montana.edu

FISCAL MANAGERS – MAIN OFFICE NUMBER 994-2381
### TRAVEL – (account codes)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
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<td>62494</td>
<td>Non-Employee Travel – Mileage</td>
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<td>Non-Employee Travel – Meals</td>
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<td>Non-Employee Travel – In-State Lodging</td>
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<td>62498</td>
<td>Non-Employee Travel – General</td>
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### OTHER RELATED EXPENSES:

- **EDUCATIONAL/TRAINING COSTS** – Includes light refreshments, meals served during seminars, workshops, professional meetings or conferences. Hospitality Form required for food over $30.00 with list of Attendees.
- **RELOCATION** – As of 1/1/18 in HR. Use Relocation Allowance Request Form on HR website.
- **RECRUITING** – Travel, meals, lodging for position candidates. Not advertising (see 62316 or 62317 for advertising). Hospitality Form required for food over $30.00 with list of Attendees.
- **REGISTRATION FEES** – Conference and meeting registrations
- **ENTERTAINMENT** – Costs related to University approved entertainment. Hospitality Form required for anything over $30.00 with list of Attendees. (Not allowed on OSP funds)

### MEALS:

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<th>Time</th>
<th>Description</th>
<th>In-State</th>
<th>Out-of-State</th>
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</thead>
<tbody>
<tr>
<td>(12:01 am – 10:00 am)</td>
<td>Breakfast (must leave before 7)</td>
<td>$7.50</td>
<td>$13.00</td>
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<tr>
<td>(10:01 am – 3:00 pm)</td>
<td>Lunch (must return after 1 leave before 12)</td>
<td>$8.50</td>
<td>$14.00</td>
</tr>
<tr>
<td>(3:01 pm – 12:00 Midnight)</td>
<td>Dinner (must return after 6)</td>
<td>$14.50</td>
<td>$23.00</td>
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</table>

### (PER MILE) MILEAGE RATE FOR CALENDAR YEAR 2019 (as of January 1, 2019):

- **58.0 cents** – High Rate allowable reimbursement when traveler uses personal car and qualifies for higher rate. TO QUALIFY: Travel Expense Voucher must list the ‘business’ reason for personal vehicle use and traveler must sign verifying the exception. (See travel policy for list of approved exceptions.)
- **55.0 cents** – over 1,000 miles compiled in same calendar month (traveler has qualified for high rate).
- **27.9 cents** – Standard Rate allowable reimbursement if rental or state-owned vehicle is available & traveler chooses to take personal vehicle.

### LODGING: (IN-STATE) & (OUT-OF-STATE)

- **No Receipt:** $12.00
  - Current Federal standard rate is $96.00 per night (plus taxes) as of October 1, 2019.
  - Exception is high-cost cities. If a rate is claimed that is higher than standard or high-cost city rate, then the Actual Cost of Lodging Section of the Travel Justification form must be completed.

---

**Criteria for Employee Same-day Taxable Travel**

- Personal meals are taxable; business meals are exempt if you document who they met with and business discussed at the meal(s).
- Lodging – no receipt (regardless of trip length or purpose).

---

**cc:**  OSP\off_share\travel training
## TRAVEL PLANNING WORKSHEET

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<tr>
<th></th>
<th>Estimate</th>
<th>Actual</th>
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<td><strong>Index to Charge:</strong></td>
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<td><strong>Dates of Travel:</strong></td>
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<td><strong>Where:</strong></td>
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<td><strong>Why:</strong></td>
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<td><strong>Transportation:</strong></td>
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<td><strong>Airline</strong></td>
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<td><strong>Luggage Fee</strong></td>
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<td><strong>Rental Car</strong></td>
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<td><strong>Gas</strong></td>
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<td><strong>Personal Car</strong></td>
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<td><strong>Taxi/Shuttle</strong></td>
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<td><strong>Parking</strong></td>
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<td><strong>Meals:</strong></td>
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<td><strong>In State</strong></td>
<td>B-$7.50; L-$8.50; D-$14.50= $30.50/day</td>
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<tr>
<td><strong>Out of State</strong></td>
<td>B-$13; L-$14; D-$23= $50/day</td>
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<tr>
<td><strong>Hotel:</strong></td>
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<td><strong>Registrations:</strong></td>
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<td><strong>Hospitality:</strong></td>
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<td><strong>Other Expenses:</strong></td>
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# MONTANA STATE UNIVERSITY

## LAND RESOURCES AND ENVIRONMENTAL SCIENCES

### REQUEST AND JUSTIFICATION FOR OUT-OF-STATE TRAVEL

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<tr>
<th>Employee</th>
<th>Banner ID Number</th>
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</table>

## PURPOSE OF TRAVEL

Where: 

Why: 

## ITINERARY

### DEPARTURE DATE:  [ ] RETURN DATE:  

### Mode of Travel:
- [ ] Airline
- [ ] Rental Car
- [ ] State Car
- [ ] Personal Car
- [ ] Railroad
- [ ] Leased Vehicle
- [ ] Private Plane

### Estimated Cost:

<table>
<thead>
<tr>
<th>Category</th>
<th>Out-of-State</th>
<th>In State</th>
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</thead>
<tbody>
<tr>
<td>Airfare</td>
<td>$13.00</td>
<td>$7.50</td>
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<tr>
<td>Rental Car</td>
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</tr>
<tr>
<td>Lodging</td>
<td>$23.00</td>
<td>$14.50</td>
</tr>
</tbody>
</table>

### Personal Vehicle Mileage / Distance (Round Trip)

### SOURCE OF FUNDS:

<table>
<thead>
<tr>
<th>Univ / OSP / MAES / Extension</th>
<th>Other / sponsor</th>
<th>Index Number</th>
<th>Estimated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Signature of Traveler | Date
Montana State University - All Campuses and Agencies
Travel Authorization and/or Travel Advance Request

Traveler’s Name ___________________________ Campus/Agency _________ GID# __________

Address (If Not Dept) ___________________________ Contact Name/No _______

Banner Index/Acct _________________ -OR- ☐ Paid by ___________________________

(See Footnote*)

Department ___________________________ Destination and Purpose of Travel __________

Depart Date/Time ___________________________ Travel is for a business purpose and is within my budget. If for a
Return Date/Time ___________________________ grant/research project, travel is in accordance with the terms and
Leave is approved; classes are covered. ☐ Yes ☐ No
I am combining this trip with a personal trip. ☐ Yes ☐ No ☐ Yes ☐ No

Mode of Travel: ☐ Airline ☐ Private Car ☐ State Car ☐ Rental Car ☐ Other _______

Foreign Travel Only
   ☐ Yes ☐ No ☐
2. Leading Students on a Trip? Leading Students Abroad Form
   ☐ Yes ☐ No ☐
   ☐ Yes ☐ No ☐

TOTAL ESTIMATED EXPENSES
Transportation: $ ____________________
Meals: ____________________
Lodging: ____________________
Registration: ____________________
Other: ____________________
Total: $ 0.00

TRAVEL ADVANCE REQUEST (optional)
ALL ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD
Transportation: $ ____________________
Meals: ____________________
Lodging: ____________________
Miscellaneous: ____________________
Total: $ 0.00
Minimum advance is $50.00

By my signature I, the traveler/advisor, understand this is an advance and shall be used only for travel purposes. A Travel Expense Voucher will be filed within ten (10) days after returning and will follow all rules and regulations set forth by the State of Montana. Failure to file a Travel Expense Voucher with all supporting documentation will cause a financial obligation to me. Reimbursements may be refused after 90 days.

Signatures and Approval

Employee ___________________________ Date: __________________
Supervisor/Advisor ___________________________ Date: __________________
Other Approver(s) ___________________________ Date: __________________

If you are the final approver, please sign below to authorize travel and/or release payment:
Final Approval ___________________________ Date: __________________

☐ If you receive or apply for any US Public Health Service Funding (Including NIH), ALL travel sponsored or paid for by a third party must be reported. See http://www.montana.edu/research/osu/documents/OSP_Travel_Dislosure_FORM.pdf

Rev June 2016
Montana State University
Sponsored or Reimbursed Travel Disclosure Form

(To be completed by Investigators proposing or performing Public Health Service (including NIH funded research)

Traveler's Name ____________________________________________
Position __________________________________________________
Department ________________________________________________
Destination ________________________________________________
Dates of Travel _____________________________________________
Purpose of Travel ___________________________________________
Name of Sponsor _____________________________________________

Describe the relationship of travel to institutional responsibilities:

_____________________________________________________________________________________________________

Nature of sponsored or reimbursed travel expenses (e.g. transportation, hotels, meals, entertainment):

_____________________________________________________________________________________________________

I hereby disclose the above-described travel provided to me free of charge.

Signature ______________________________________________________________________ Date _______________________


Sponsored or Reimbursed Travel is travel paid for or reimbursed to the employee by a third party. This term does not include travel paid for by MSU using sponsored research funds.

OSP June 2012
Travel Authorization/ Travel Advance

Instructions

The travel advance and justification form combines the Justification Form, the Travel Advance Form and the Request for Actual Cost Lodging Form.

When should you fill it out?

- For out of state travel, before trip expenses are incurred and travel is performed on behalf of Montana State University campuses and agencies.
- Before travelling, to obtain a travel advance
- If lodging rates are requested above state rates.

What should you do with it once it is completed?

- Trip Approval and/or Lodging rate approval ONLY:
  - The original form is required to accompany the BPA and all other pertinent receipts, etc., attached to the Expense Voucher and/or BPA.

- Travel Advance:
  - The original form is required to process a Travel Advance.
  - Upon the business office's receipt of this original, a copy stamped "For clearing purposes only" will be returned to you/your department.
  - This stamped copy must be returned with the Expense Voucher, receipts, etc.

Instructions

1. Check if Faculty/Staff or Student in the upper right-hand corner.
2. Fill in Name, Campus, and Banner-Generated ID# (GID),
3. List your Address.
   - If a travel advance check is to be delivered to your department, you may leave the address information blank.
   - If a check is not to be delivered to your department, list your home address here. This is also applicable if you have signed up for direct deposit for your travel reimbursements
4. List your department and a contact person knowledgeable about your trip, should there be questions about your travel.
5. Note the index/account to be charged for these expenses, or if paid by an external party, list that party. If you receive or apply for any US Public Health Service Funding (including NIH), ALL travel sponsored or paid for by a third party must be reported, whether or not it is funded by NIH. See http://www.montana.edu/wwwr/csp/OSP%20Travel%20Disclosure%20Form.pdf
6. Describe Destination and Purpose of travel, and any other important details.
7. List Departure Date/Time, Return Date/Time
8. Check the following reminder boxes Yes or No:
   • Leave is approved/Classes Covered
   • Whether you are combining this trip with a personal trip. Note that extending the number of days you will be gone constitutes a “Yes” answer.
   • Affirm that this travel is for business and within your budget, and is appropriate for an award.
9. Check which mode of transportation is utilized.
10. Answer the questions in the Foreign Travel shaded box for all foreign travel, and complete additional forms if applicable.
11. Fill in the Total Estimated Expenses section for your trip.
12. If requesting an advance, fill in the Travel Advance Request section.

---

**Lodging above State Rates**
If requesting lodging above approved rates, read and check statements as appropriate. This portion must be completed if the lodging costs exceed the Government approved rates.

13. In-State: Check the one explanation that applies.
15. If none of the other reasons apply, but for safety reasons lodging with a government rate cannot be used, check the bottom-most box.

---

**Approvals:**

16. The traveler must sign the form
17. The traveler’s Supervisor, the student’s Advisor, PI, whichever is applicable, must sign.
18. Other approvers at the department/campus’s discretion may sign (Department Head, Dean Director, VP, Office of Sponsored Programs, MAES, ES, as applicable)
19. Final Approval must be indicated to release payment and approve travel. The person who knows he/she is the final approver should sign here.
# Recap Expenses

## TRAVEL EXPENSE VOUCHER

### NAME ADDRESS

### MONTH YEAR

### GID NUMBER

### DEPARTMENT

### INDEX NUMBER

### BRIEFLY EXPLAIN NATURE OF TRIP(S)

<table>
<thead>
<tr>
<th>DAY</th>
<th>DEP AM</th>
<th>DEP PM</th>
<th>ARR AM</th>
<th>ARR PM</th>
<th>TRAVEL DETAILS</th>
<th>MODE OF TRAVEL</th>
<th>MILEAGE</th>
<th>AMOUNT</th>
<th>LODGING</th>
<th>MEALS</th>
<th>TAXABLE MEALS</th>
<th>OTHER EXPENSES</th>
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If mileage is claimed above 27.9 cents per mile; I, the traveler, verify that Enterprise Rent a Car or other state contracted vendor was contacted and a car was not available for use during the dates requested. As a result, my personal vehicle was used.

Whom you spoke with:  

[Signature]  

Date:  

Justify and sign for any reimbursement above the 27.9 cent rate for 2019.

Signature of traveler:  

Please check the applicable mileage reimbursement rate:  

0.279

Other Expenses

PCARD EXPENSES (FYI Please only include the information, do not include it in the expenses above.)

I hereby certify that this is a valid claim to the State in accordance with statutes and administration procedures  

[Signature]  

Date:  

Supervisors Approval:  

[Signature]
INSTRUCTIONS FOR TRAVEL EXPENSE VOUCHER

A. Prepare the Travel Expense voucher in original and 1 copy to provide the following distribution
1. Original Business Office
2. 1 Copy Employee keeps

B. Record your name, campus PO Box or personal address, and social security number

C. Indicate the month for which the travel took place, and your department name

D. Indicate the general purpose of the travel. IE Attendance at a training conference, personal contact with clients, audit of state agency, etc.

E. Complete the portion of the form as indicated below (See MOM Vol. 1 Chapter 300 for additional instructions)

Column Requirement

1. Departure and place an A for AM or a P for PM
2. Record the time of arrival and place an A for AM or a P for PM
3. Describe the travel destination in terms of departure point, destination point and points en route
4. Code the mode of travel as follows
   SC = State Car CA = Commercial Airline PT = Passenger Train
   PC = Private Car PA = Private Aircraft OT = Other (Explain)
   SA = State Aircraft RC= Rental Car

5. Indicate total car mileage or nautical air miles if personal car or aircraft was used. When more than one employee shares personal transportation, only one mileage allowance may be claimed

6. Enter extension amount for mileage allowed calculated as follows

A. Private Car
   Total mileage (column 5 x rate) rounded to the nearest cent first.
   Private car mileage is 58.00 cents per mile for the 'high rate'
   (first 1,000 miles in a month and qualifying for the 'high rate');
   55.00 cents per mile for the middle rate; (over 1,000 miles in a month, otherwise qualifying for the 'high rate');
   27.90 cents per mile for the 'low rate'; (for using a personal car when a rental or state car was available)

B. Private Aircraft
   Total nautical air mileage (column 5 x rate) rounded to the nearest cent
   Private Aircraft Mileage is $1.16 per nautical mile
   *Calculation for nautical miles is
   1.0 Nautical Miles = statutory miles (map miles) divided by 1.15

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
<th>IN STATE</th>
<th>OUT OF STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private vehicle</td>
<td>27.90</td>
<td>27.90</td>
</tr>
<tr>
<td>Private vehicle used requirements met, traveling less than 1,000 miles</td>
<td>58.00 cents/mile</td>
<td>58.00 cents/mile</td>
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<tr>
<td>Private vehicle used requirements met, traveling more than 1,000 miles in a month the balance over 1,000 miles</td>
<td>55.00 cents/mile</td>
<td>55.00 cents/mile</td>
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<tr>
<td>Private aircraft</td>
<td>1.16/Nautical mile</td>
<td>1.16/Nautical mile</td>
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<tr>
<td>State vehicle</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>Public Transportation</td>
<td>actual/reasonable</td>
<td>actual/reasonable</td>
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</table>

Rates as of January 1, 2019
Enter the amount of expense allowed based on the following schedule

<table>
<thead>
<tr>
<th>Travel Time</th>
<th>In-State</th>
<th>Out-of-State</th>
</tr>
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<tbody>
<tr>
<td><strong>MEALS</strong></td>
<td></td>
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</tr>
<tr>
<td>A. Three hours or less</td>
<td>none</td>
<td>none</td>
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<tr>
<td>A. Greater than 3 hours</td>
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<tr>
<td>(In travel status at least 3 hours within each of the ranges below)</td>
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<tr>
<td>Morning 12:01 am – 10:00 am</td>
<td>$5.00</td>
<td>$13.00</td>
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<tr>
<td>Midday 10:01 am – 3:00 pm</td>
<td>$6.00</td>
<td>$14.00</td>
</tr>
<tr>
<td>Evening 3:01 pm – 12 midnight</td>
<td>$12.00</td>
<td>$23.00</td>
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<tr>
<td>1. Maximum one meal allowed per normal work shift</td>
<td></td>
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<tr>
<td>2. Maximum two meals if travel commenced more than 1 hour before or terminated more than one hour after employee’s normally assigned work shift</td>
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<tr>
<td>3. Use taxable meal column to record in-state meals (non-overnight travel)</td>
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</tbody>
</table>

**LODGING**

Actual cost + tax on allowable rate In-state = $94.00 Federal = $94.00
(Must have a receipt)

If no receipt is available $12.00 $12.00

**LODGING JUSTIFICATION AND APPROVAL MUST BE ATTACHED**

Enter all expenses entitled for reimbursement and not provided in mileage allowance or expense rate. For example: Airline ticket, taxi fare. Receipts are to be obtained except for small amounts and attached to the agency copy of the Travel Expense Voucher. All “Other Expenses” are to be itemized by date in the block provided and explained on the bottom of the voucher.

Enter total amount allowed by day
Enter column totals for Columns 5-9 on line 10
If travel advance is applicable, indicate the amount received
If the total of line 11 is less than line 10 enter the difference on line 12
If line 11 is more than line 10 enter the amount due the state

The Travel Expense Voucher must be signed by the employee claiming the expenses and filed within 90 days

The Travel Expense Voucher must be approved by the employee’s supervisor or authorized agency official