

Guidelines for Completing the Travel Expense Settlement Form

In order to receive reimbursement for business related travel expenses, travelers must submit a Travel Settlement Form to Procurement Services. The settlement form serves as a summary of reimbursable and non-reimbursable expenses. The following serves as a guideline to assist with completing the form.

Traveler Information

Address – The complete remit to address for the traveler must be included on the form and match what is currently on file with Shepherd's HR/Payroll department.

Title – The title of the traveler must be included as well. If the traveler is a candidate for Shepherd employment, "Candidate" can be used as the Title.

Headquarters - For employee travel, the Headquarters should either be Shepherdstown, WV or Martinsburg, WV – (for those working out of the Martinsburg Center). For candidates for Shepherd employment, the Headquarters should be the city/state of the candidate's address.

Purpose - The purpose for travel should include a detailed description of the business nature of the travel. Blanket statements such as: "Training" or "Professional Development" would not be acceptable. The name of the conference attended, the type of recruitment activity, etc. should be detailed in this section.

Vehicle - Please indicate which means of vehicle transportation was used by clicking on the appropriate selection. The "Other" box may be checked for vehicle rentals.

Shepherd University Travel

SUMMARY ☐

SETTLEMENT ☒

☐ STATE FUND ☐ RESEARCH CORPORATION FUND

Name:	John Doe	Title:	Manager	FIMS Vendor No:	
Address:	101 College Way	City/State/Zip:	Shepherdstown, WV 25443	Banner ID No:	123456789
Department:	Procurement	Headquarters:	Shepherdstown, WV	Normal Work Hr:	8:00 4:30
Contact:		Contact Phone:		Vehicle:	State <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Purpose of Travel:	To Attend WVSAO P-Card Training				

Summary of Reimbursable Expenses

Note: Expenses should be itemized by day. So if travel begins on April 26, 2016, ALL the reimbursable expenses for that day should be outlined on ONE line. As in, each day must have the expenses for that entire day on one line. The expenses in this section should only include expenses to be reimbursed to the traveler.

Date – Dates of travel should be completed in this section.

Time – Travel times, especially on the first and last date of travel should be listed as this determines the maximum meal allowance that can be reimbursed.

City/State/From/To – On travel days, the “From” and “To” cities **and** states should be listed. Travel should start/end at the Headquarters location unless the following applies:

- Traveler left from his/her home, which was closer to the destination city,
- Traveler left from the location where he/she picked up the rental car,
- Traveler does not report to Shepherd at all or on the scheduled travel date(s),
- Travel departure/arrival times are outside of normal business hours.

If any of the above applies, **please make a note on the travel form.**

Miles/Amount – Mileage is currently reimbursed at \$0.535 per mile. Mileage should be calculated from the start/end city and state as listed in the previous section. If the mileage calculated is round trip mileage, this needs to be indicated on the form. A “RT” after the number of miles will be sufficient.

Air/Car Rental/Lodging – Any of these items that have been paid out of pocket by the traveler would need to be listed in their respective fields. **The traveler should have original receipts for any of these out of pocket expenses attached with their settlement.**

Meals - Meals are reimbursed at actual cost up to the daily per diem rate as established by policy (\$35 a day for In State travel and \$50 a day for Out of State travel). Reimbursement should not exceed this daily allotment.

DATE MM/DD/YY	TIME	CITY/STATE From/To	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
04/25/2016	7:30 am	Shepherdstown, WV to Flatwoods, WV	239	\$ 129.08			\$ 35.00		\$ 101.50	\$ 265.58
04/26/2016		Flatwoods, WV					\$ 35.00			\$ 35.00
04/27/2016	12:00 pm	Flatwoods, WV to Shepherdstown, WV	239	\$ 129.08			\$ 35.00		\$ 2.50	\$ 166.58

All expenses to be reimbursed for April 25, 2016 are outlined on one line. Anything that does not fit in Mileage, Air, Car Rental, Meals, or Lodging should be put in the "Other" column. This is done as a lump sum for the day and then broken down in the Other Expenses Section. (As seen in the image below)

Other – Any reimbursable expenses that do not fit in the categories listed on the settlement form should be listed in this column. This includes items such as parking, fuel (for Rental and State vehicles), tolls, and taxi and registration costs. The traveler should have original receipts for any of these out of pocket expenses attached with their settlement.

All items listed in this section of the form, must be itemized in detail in the "Other Expenses" section that follows it.

DATE MM/DD/YY	TIME	CITY/STATE From/To	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
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OTHER EXPENSES			
DATE	DESCRIPTION	AMOUNT	DATE
4/25/2016	Tolls	\$ 2.50	
4/27/2016	Tolls	\$ 2.50	
4/25/2016	Registration	\$ 99.00	

Expenses Billed to State – All items that were either Direct Billed or placed on a State Purchasing Card should be listed here. Copies of these receipts should be included in the supporting documentation. The traveler should also note on whose P-Card the expenses were charged, if that person is someone other than the traveler.

EXPENSES BILLED TO THE STATE			
DATE	VENDOR	AMOUNT	PYMT CODE
04/27/2016	Days Inn	\$ 240.00	PC

Payment Codes: PC=Purchasing Card DB=Direct Billed STC= State Travel Card (Ghost Account)

Agency Use Only

All funding information should be listed including the Fund, Org, Account and the amount to be charged to that accounting string. The amount here should equal the Total Amount due in the reimbursable section of the form. **Note: To be included in this amount are the costs associated with reimbursement. Direct Billed and P-Card charges should not be included.**

AGENCY USE ONLY			
FUND	ORG	ACCT	AMOUNT
322043	206330	7GH127	368.12
322043	206330	7GH158	99.00

These amounts should equal

Sub total:									
Less Cash Advance:	(WVFIMS ID)								
Total Amount Due To:	Employee <input type="checkbox"/>	State <input type="checkbox"/>							\$467.12

Account Codes – Be sure to separate out travel costs to the appropriate account codes as indicated below.

- 7GH127 - Travel Employee - (lodging, airfare, tolls, taxi, meals, mileage)
- 7GH128 – Travel Non-Employee – (lodging, airfare, tolls taxi, meals and mileage for non-employees) Includes scenarios when faculty are traveling in a supervisory role with a group of students
- 7GH157 – In State Training and Development (Registration/Conference Fees)
- 7GH158 – Out of State Training and Development (Registration/Conference Fees)
- 7GH150 – Fuel for rental and State vehicles
- 7GH132 – Vehicle Rental

Signatures – The form must contain the original signature of the Traveler as well as the original signature of approval of the Supervisor/Department Head.

Please Note: The Agency Head/Designee signature line is for the Procurement Services staff to sign after the travel form has been reviewed and audited.

Please contact Procurement Services if you require further assistance with the completion of this form.