Travel Update and Review

Controller’s Office
October 26, 2011
The University’s Travel Policies and Procedures Manual is based on Section 5 of The State Budget Manual, which sets forth travel policies and regulations relative to securing authorization and reimbursement of expenditures for official state travel. The administration and control of travel is designed to comply with the provisions of G.S. 138-5, 138-6, and 138-7.
The Controller’s Office is responsible for administering the University’s Travel Policies and Procedures. The Travel Auditor reviews travel authorizations and reimbursement requests for completeness and conformance to the University travel regulations; prepares input documents for travel advances and reimbursements; maintains subsidiary records of travel advances; and prepares travel deposits for the Cashiers’ Office.

The Travel Auditor is located at the Cashier desk, 317 H. F. Robinson Administration Building.

All forms for travel are on the Controller’s website at http://www.wcu.edu/12382.asp.

Before travel expenditures are incurred, all travelers and administrative personnel should be aware of the travel policies and procedures stated in this manual. Please refer questions to Kay Benson, Travel Auditor, Ext. 3104.
Section 2 – Authorizations Required for Travel

B. Request for Travel Allowances in Excess of the Standard

Before travel may begin, travel on University business must be approved in writing by the traveler’s immediate supervisor, the accountable officer for the budget to be charged, and others as indicated in the table on page 3.
# Prior Approval Travel Form

## PRIOR APPROVAL TRAVEL REQUEST WORKSHEET

This form may be used for prior approval International travel, with the Policy 100 attached.

**Instructions to traveler:** No reservations or registrations should be made until this request has been approved.

## SECTION 1: Basic Information

<table>
<thead>
<tr>
<th>Traveler's Name as it appears in Banner</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner ID Number:</td>
<td>Bldg Address:</td>
</tr>
</tbody>
</table>

- Are you requesting a travel advance? (yes/no): no
- Destination:
- Date of departure:
- Date of return:
- Purpose of trip:

## SECTION 2: Travel

- Private car (yes/no): no
  - Mileage for private car (.30): 0
  - Estimated Mileage cost: $0.00
- Private car (yes/no): no
  - Mileage for private car (.565): 0
  - Estimated Mileage cost: $0.00
- State car (yes/no): no
  - Mileage for state car (.30): 0
  - Estimated Mileage cost: $0.00
- Airfare (estimated cost): $0.00
  - Parking (estimated cost): $0.00
  - Miscellaneous Expenses: $0.00
- Shuttle or Taxi (estimated cost): $0.00
  - Rental Car (estimated cost): $0.00

## SECTION 3: Lodging/Hotels

<table>
<thead>
<tr>
<th>Number of rooms</th>
<th>Number of nights</th>
<th>$ per night</th>
<th>Total Lodging</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging In-State</td>
<td>$65.90/Room</td>
<td>$77.90/Room</td>
<td>Total Hotel</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

- Lodging In-State: $65.90
- Out of State: $77.90
- Parking: $0.00

## SECTION 4: Meals

<table>
<thead>
<tr>
<th>Number of Breakfast</th>
<th>Breakfast $8.20</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Lunch</td>
<td>Lunch $10.70</td>
<td>$0.00</td>
</tr>
<tr>
<td>Number of Dinner-In-State</td>
<td>Dinner-In-State $18.40</td>
<td>$0.00</td>
</tr>
<tr>
<td>Number of Dinner-Out-of-State</td>
<td>Dinner-Out-of-State $20.90</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## SECTION 5: Registration

| $0.00 |

## SECTION 6: Total Estimated Cost of Trip

<table>
<thead>
<tr>
<th>Traveler's Printed Name</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
</table>

| $0.00 |

## SECTION 7: Budget Information

| Fund Numbers(s): |

## SECTION 8: Approvals

(according to Western Carolina University and State travel policies)

<table>
<thead>
<tr>
<th>Approver's Name</th>
<th>Date</th>
<th>Approver's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type/Print Budget Officer's name as shown in Banner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type/Print Dean/Department Head's name as shown in Banner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type/Print Vice Chancellor's name as shown in Banner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type/Print Chancellor's name as shown in Banner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- This document is to be kept on file with the originating department. If this form is being used for International travel, it must be sent to the Provost for approval.
- Do not send to the Controller's office.
Travel Advances

When an advance is taken out by an employee, it is the responsibility of that employee or someone in their department to pick up the advance. The advance can not be mailed nor is the employee called to inform them that the advance is available. When the trip is over, all paperwork must be turned in with the reimbursement form with either the remaining balance of the advance or for a refund of overage. Names should be printed as well as signed. Three (3) copies are required with signatures on all three copies of the advance.
Travel Advance Form

WESTERN CAROLINA UNIVERSITY
Cullowhee, NC 28723

Travel Advance Form

Request for advance for travel and other expenses incurred in the discharge of official duty

Instructions: Indicate date you want to pick up this Advance

Payee name as shown in Banner: ______________________ Amount: $ ____-____

Banner ID: ___________________________ Department: ______________________

Fund No: ___________________________ Contact Person: ____________________

Phone No: __________________________

Details on Transportation costs

Mode of Travel:

Lodging: ___________ x $ ___________ = $ ___________

Meals: ___________ x $ ___________ = $ ___________

Other: ___________ x $ ___________ = $ ___________

Note: Your request should not exceed the actual cost of the trip

Date of Trip: ___________ to ___________ Destination: ___________

Purpose of Trip: ___________

**A PREAPPROVAL FORM HAS BEEN SUBMITTED FOR THIS TRIP.**

Travel Advance Agreement

I understand that any travel advance made by the University is a loan and that I am personally responsible for all monies so advanced to me. If a travel advance is obtained and the trip for which the advance is made is not taken, I agree to repay the advance immediately. I understand that I have up to fourteen days following completion of the trip to repay an advance.

In the event I fail to repay the amount of the advance within thirty days, I agree that the University may notify the Payroll Office to deduct the amount of this advance from the next salary check due to me.

I hereby subscribe by my own hand and acknowledge that I have read the above carefully and agree to its terms and conditions.

Note: Must be signed before submitting

<table>
<thead>
<tr>
<th>Required Signatures</th>
<th>(Printed Name)</th>
<th>(Signature)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveler:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Supervisor:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean/Department Head:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice Chancellor, if required:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountable Officer:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Picked up by: ____________________________ (Printed Name) (Signature) Date
## Travel Authorization - top portion

### Travel Authorization and Reimbursement Form

<table>
<thead>
<tr>
<th>Travel (Show City &amp; State)</th>
<th>Transportation</th>
<th>Meals &amp; Lodging</th>
<th>Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Miles</td>
<td>Mode</td>
<td>Amount</td>
</tr>
<tr>
<td>Date</td>
<td>Miles</td>
<td>Mode</td>
<td>Amount</td>
</tr>
<tr>
<td>Date</td>
<td>Miles</td>
<td>Mode</td>
<td>Amount</td>
</tr>
<tr>
<td>Date</td>
<td>Miles</td>
<td>Mode</td>
<td>Amount</td>
</tr>
<tr>
<td>Date</td>
<td>Miles</td>
<td>Mode</td>
<td>Amount</td>
</tr>
</tbody>
</table>

1. Rail, Bus, Toll, Rentals: Total 0.00
2. Baggage Handling, Business Calls: Total 0.00

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[Western Carolina University logo]
Travel Authorization – bottom portion

**SIGNATURES AND APPROVALS**

<table>
<thead>
<tr>
<th>Claimant’s Signature</th>
<th>Date</th>
<th>Dean or Department Head’s signature, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Type Dean/Department Head’s Name as shown in Banner</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vice Chancellor’s signature, if required</td>
<td>Date</td>
</tr>
<tr>
<td>Immediate Supervisor</td>
<td>Date</td>
<td>Chancellor’s signature, if required</td>
<td>Date</td>
</tr>
</tbody>
</table>

Type Immediate Supervisor’s Signature

**By signing above I certify that all required preapprovals and approvals were obtained in accordance with the University Travel Policy.**

**FINANCIAL INFORMATION**

<table>
<thead>
<tr>
<th>Exchange Rate if Foreign Travel:</th>
</tr>
</thead>
</table>

| Total Expense                  | 0.00 |
| Total Advance                  |      |
| Amount Due to WCU              | 0.00 |
| Amount to be paid by Traveler  |      |
| Amount Due to Traveler         | 0.00 |

**ACCOUNT DISTRIBUTIONS**

<table>
<thead>
<tr>
<th>Fund #</th>
<th>Amount</th>
<th>Accountable Officer’s Signature</th>
</tr>
</thead>
</table>

Remit pages of this form with required receipts to the Controller’s Office.
Meals

Meals During Overnight Travel
A state employee in overnight travel status on official state business may be reimbursed for meals including lunch. The travel must involve a travel destination located at least 35 miles from the employee’s regularly assigned duty station (vicinity) or home, whichever is less, to receive approved reimbursement.

A state employee in overnight travel status may be reimbursed for meals for partial days of travel when the partial day is the day of departure or the day of return. To be eligible the following criteria must be met:

- **Breakfast** - Depart duty station prior to 6:00 A.M. and The normal workday is extended by two (2) or more hours.
- **Lunch** - Depart duty station prior to Noon on day of departure or Return to duty station after 2:00 P.M. on day of return.
- **Dinner** - Depart duty station prior to 5:00 P.M. on day of departure or Return to duty station after 8:00 P.M on day of return and The normal workday is extended by three (3) or more hours.
State rules and guidelines shall take precedence over federal guidelines governing the use of federal grant funds, unless specifically exempted by the Office of State Budget and Management in advance.
Meal Vouchers

- Date on voucher.
- Department name, contact person with phone number.
- Names of all individuals who were present at the meal.
- Paid itemized receipt from restaurant. Only $10.70 for lunch or $18.40 for dinner which is per diem for candidate can be taken from state funds. Balance of meal comes from trust or special funds. Total of meal can be taken from trust or special fund.
- The fund number (budget number) and accountable officer signature on voucher.
- Full name of person who is the campus visitor whether they are applying for a position or are here for a presentation.
- Position number if applicable.
- Purpose of visit
- This form is submitted attached to a check request.
State Policies Regarding Travel

The following schedule of allowances shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

<table>
<thead>
<tr>
<th>Meal</th>
<th>In State</th>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$ 8.20</td>
<td>$ 8.20</td>
</tr>
<tr>
<td>Lunch</td>
<td>10.70</td>
<td>10.70</td>
</tr>
<tr>
<td>Dinner</td>
<td>18.40</td>
<td>20.90</td>
</tr>
<tr>
<td>Lodging</td>
<td>65.90</td>
<td>77.90</td>
</tr>
<tr>
<td>Total</td>
<td>$103.20</td>
<td>$117.70</td>
</tr>
</tbody>
</table>
Registration Fee

- MUST BE ON A CHECK REQUEST

- If reimbursement to be paid to individual, must have a paid receipt showing name of conference, amount paid, person’s name. If the person is paying for themselves and others, must have registration form for each person. If the person receiving the reimbursement is the accountable officer, the next person above them must also sign.

- If paying directly to conference, must have registration form showing name of person and amount due. If more than one person is going, need registration form for each person. If the registration is to be reimbursed to an employee and this employee is either the supervisor or department head/dean, a signature of their supervisor must be on the form. The person signing as the accountable officer cannot authorize the reimbursement for his/her supervisor or department head/dean.
Meal Reimbursements

Meals for prospective employees, presenters, speakers, business meetings with donors, representatives of companies that does not include travel

• Any meal must have a paid itemized receipt showing what meals were purchased for each person. A list of those present at the meal and a statement as to the reason for this meal. The meal for the prospective employee, presenter, speaker, donor or representative may be taken from state funds. Meals for any university employee are taken from trust, grant, special or foundation funds.

• NO ALCOHOL is allowed to be reimbursed from any funds except foundation funds.
## Check Request Form

**Western Carolina University**

### CHECK REQUEST

<table>
<thead>
<tr>
<th>Fund Number(s) (digits)</th>
<th>Amount(s) (digits)</th>
<th>Amount $</th>
<th>Date</th>
<th>TC</th>
<th>Invoice Number</th>
<th>Name Bank</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

**Amount:**

**Note:** This form is for use by authorized personnel only.

### Vendor Information

<table>
<thead>
<tr>
<th>Payee Name</th>
<th>Reimburse Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Description (Check one box)

- [ ] Check 1
- [ ] Check 2

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

### Requested Check Distribution

- [ ] Cash
- [ ] Check

**Requested Signatures**

**Accountable Officer / Department**

**Next to the Payee Account Number**

**Contract & Grants Director**

**Chancellor/ Vice Chancellor or Dean**

**Original receipt / invoice for confirmations or official order form / price verification for preps must be attached to this form**
Group Travel

Western Carolina University
Cullowhee, North Carolina
REQUEST FOR REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES
GROUP STUDENT EXPENSE FORM

(1) Name as shown in Banner
(2) Banner Number
(3) Address
(4) Student Group @jSport
(5) Title
(6) Period covered from:
(7) Time of Departure
(8) Time of Return
(9) Destination
(10) Purpose of Trip
(11) Name & Telephone No. of Person to Contact

Meals:
- Breakfast: 0 x $ - = $ -
- Lunch: 0 x $ - = $ -
- Dinner: 0 x $ - = $ -

Lodging:
(Attach receipt) = $ -

Travel:
(Personal car mileage, bus fare, etc.) = $ -

Miscellaneous:
(Attach receipt for registration, etc.) = $ -

Total Expense: $ -

<table>
<thead>
<tr>
<th>Amount</th>
<th>Fund Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

Academic Officer Signature
Date

Total Expense Fund No.
Date

Claimant's Name as shown in Banner

Under penalties of Law, I certify to be a true and accurate statement of the costs of travel. Accrued and allowable expenses incurred in the pursuit of the student and that none of these expenses have been or will be reimbursed to the student from any other source.

Immediate Supervisor
Date

Type Immediate Supervisor's name as shown in Banner

Total Supervisor
Date

Type Total Supervisor's name as shown in Banner

By signing above I certify that all required preapprovals and approvals were obtained in accordance with the University Travel Policy.
Western Carolina University
Blanket Travel Authorization Form

Department:

Employee Name(s): (May provide listing of all employees covered under blanket)

Period of Travel:

Description/Purpose for travel: (must show that the travel is either (1) on a routine and repeating basis and generally for similar activities that make it impracticable to obtain specific trip approvals, or (2) in response to emergency situations or immediate and time sensitive duties that make it impracticable to plan travel times.)

Approval and Comments:

Print/Type Department Head or Designee as shown in Banner

Signature of Department Head or Designee

Date Approved
Travel Website Page

Travel

- Travel Manual - Last updated 02 Jan 2013 - Adobe Acrobat Format
- Travel Preapproval Form - Last updated 02 Jan 2013 - Microsoft Excel Format
- Travel Template - Last updated 02 Jan 2013 - Microsoft Excel Format
  Due to the cost of printing, please print only pages containing information of reimbursement
- Travel Template Academic - Last updated 02 Jan 2013
- Travel Template 3pg for Extended Travel - 02 Jan 2013 - Microsoft Excel Format
- Travel Advance Form - Last updated 22 Feb 2011 - Microsoft Excel Format
- Group Student Expense Form - Last updated 28 Jan 2011 - Microsoft Excel Format
- Pre-Approval for Reimbursement of 3rd Party Lodging Form.
  *Return to Controller’s Office; 317 HFR Admin Bldg.
- Blanket Travel Form
  This form can be used for continuous travel for the same project. The reimbursements for travel should comply with the university travel policies. This form must be resigned at least every year if not before.
- Policy 100, International Travel
- International Travel Approval Form - fillable form - Adobe Acrobat Format

Please direct questions to the Travel Auditor Kay Benson in the Controller’s Office. 227-3104

Training Session presented October 26, 2011 - Power Point Format
Process for purchasing items from the Book Store, Catamount Clothing and printing from the Print Shop

1. Print off hard copy requisition from the Purchasing website  Hard Copy Requisition Form
2. Take hard copy requisition to Controller’s office or scan the hard copy requisition and email to Ginger Seay for verification of money available for hardcopy requisition
3. Hard copy will be stamped with a process stamp which only verifies the amount requested to spend is available in the fund at that time
4. If the copy is received by email the stamped copy will can be scanned and returned to sender
5. The hard copy requisition can be taken to the Book Store, Catamount Clothing & Gifts for making purchases
6. Hardcopy requisition can be scanned and sent to Print Shop along with order for printing
Department Monthly Reconciliation Sheet

Western Carolina University
Monthly Fund Reconciliation Form

Fund Number:  
Month:  

<table>
<thead>
<tr>
<th>Process</th>
<th>Check As Completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run EGIITRD in Banner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review expenditures posted during the period. Any discrepancies should be reconciled with the Controller’s office or Accounts Payable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review interdepartmental charges noted with a J-83 in the “type” column. Any discrepancies should be reconciled with the department which billed the interdepartmental charge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review outstanding encumbrances. Any old encumbrances which will not be fulfilled should be cancelled.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Journal Entries to make sure prior month adjustments requested were posted. Contact the Controller’s office if journal entries are posted to the fund that are not expected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the fund records revenue, review postings to agree with departmental receipt or deposit records. Report any discrepancies to the Controller’s office.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Open the Payroll Activity Report</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review the list of employees paid from the fund. Contact the payroll section of Human Resources to resolve any discrepancies of either those who should be paid from the fund or those who should not be paid from the fund.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Run the Negative Cash Report</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review the Negative Cash Report to determine if this fund is on the report. If so, consult with the Controller’s Office before making any future expenditures from the fund.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION

By signing below, I certify that I have performed the procedures noted above. Any discrepancies have been resolved with the appropriate University department.

Signature:  
Date:  

This form is to be maintained on file in the office of the accountable officer for the fund for a minimum of five years.
Opening FGITRND Screen
Execute FGITRND

<table>
<thead>
<tr>
<th>COA</th>
<th>Fiscal Year</th>
<th>Index</th>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
<th>Activity</th>
<th>Location</th>
<th>Period</th>
<th>Commit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>170502</td>
<td></td>
<td>505100</td>
<td></td>
<td>170</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>02</td>
<td></td>
</tr>
</tbody>
</table>

Enter query, press F8 to execute, Ctrl+Q to cancel.
Using FGITRND Full
Department View

[Image: Screen capture of SQL Server Reporting Services Home page with tree view of reports including Departmental Administrative Information, Human Resources, Identity Management and Security, One Stop, Public Information, and Student Accounts Receivable.]