Traveler Information Section:

This section of the document relates to the traveler's information. All fields in this section must be completed.

AC 132-S (Effective 9/17)

State of New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name	Business Unit/Department Code
Binghamton University ①	SNY01/ ②

Employee ID	Official Station Address	Official Station Zip
N ③	Binghamton ④	13902

Last Name	First Name	MI	Suffix
⑤			

Home Address	City	State	Zip
⑥			

Business Purpose	Travel Description
⑦	⑧

Start Location Street (City, State)	Start Location Zip	Check if used:
⑨	⑩	☐ Travel Agency ⑪

Destination Location Street (City, State)	Destination Location Zip	
⑫	⑬	

Travel Start Date and Time	Travel End Date and Time
⑭	⑮

1. **Agency Name:** completed for you (Binghamton University).
2. **Business Unit/Department Code:** the Business Unit is filled out for you. Fill out the traveler's department in which the funds will be used to reimburse the traveler. *Make sure this field is filled out.*
3. **Employee ID:** this number is located on the traveler's pay stub.
4. **Official Station:** completed for you (Binghamton).
5. **Name**: fill out the traveler's *last* and *full* name, including their *middle initial* and *suffix*, if applicable.
6. **Home Address:** the traveler's **HOME** address, including their *city*, *state* and *zip* code. *Make sure this address is the same address that is on the traveler's pay stub.*
7. **Business Purpose:** the reason travel is required. For example: conference, training, out of town business meeting, recruiting, etc.
8. **Travel Description:** provide any extra details you feel necessary.
9. **Start Location Street:** include the street, city and state of the traveler's starting location.
10. **Start Location Zip:** include the zip code of the traveler's starting location.
11. Check box if you used Plaza Travel (NYS contracted travel agency).
12. **Destination Location Street:** include the street, city and state of the traveler's destination.
13. **Destination Location Zip:** include the zip code of the traveler's destination.
14. **Travel Start Date and Time:** this is the day and time the traveler left their home or Binghamton University.
15. **Travel End Date and Time:** this is the day and time the traveler returned to their home or to Binghamton University.
    - Accuracy of the *Travel Start/End Date and Times* are important as they determine meal allowances.

Travel Expense Section:
This section of the document relates to the expenses incurred and funding used.

If more space is required for any of the following sections, use the associated detail forms: http://www.osc.state.ny.us/agencies/forms/index.htm and scroll down to the **Travel** section. The number of the form needed is shown in parentheses. When using these forms, type *See Attached* in the *Travel Expense Section* and put the *Total Amount Claimed* (from the detail form) in the **Totals** field of the *Travel Expense Section*.

1. Indicate All Travel Expenses	If more space is required in any section, use the associated detail form (number shown in parenthesis below)	Totals	2. Summary	Amount
Lodging (16)			A. Total Travel Expenses	$ 0.00
			B. Subtract Amount Billed to Corp Card (AC 3256-S)	(21)
Transportation (AC 3259-S) (17)			C. Other Direct Bill to Agency (Specify)	
			Funding Source 1	(22)
Meals (AC 3258-S) (18)	Overnight Per Diem @ $ each =	$ 0.00	Funding Source 2	
Additional Breakfast @ $ each + Additional Dinner @ $ each =		$ 0.00	Funding Source 3	
Day Trip Breakfast @ $ each + Day Trip Dinner @ $ each =		$ 0.00		
Mileage Claimed (AC 160-S) (19) @ ¢ per mile =		$ 0.00		
Incidental Expenses – List (AC 3258-S) (20)				
Total Travel Expenses – Enter in Section 2 Line A		$ 0.00	Total Amount Claimed	$ 0.00

16. **Lodging:**
    - If the traveler used Plaza Travel to book lodging, then put the control number assigned to the traveler by the Travel Office in this section along with the total cost of the lodging in parentheses. The expense total would then be $0.00.
    - If the traveler used their own personal funds to pay for lodging, then fill in with the name of the hotel and the lodging receipt total.

    Note:
    - The lodging receipt serves as eligibility for meal per diems. Therefore, no receipts for meals are required unless specified by your department.
    - Tipping the bellman and/or maid is allowable up to 20% assuming the room rate is **under per diem**. Any tipping that is done exceeding the room rate, is not reimbursable.

17. **Transportation:**
    - If the traveler is flying, he/she *must* get a control number from the Travel Office by submitting a completed R&A asking for an air control number. The traveler *must* use NYS contracted travel agent, *Plaza Travel*, to book airfare. Put the control number assigned to the traveler by the Travel Office in this section along with the total cost of the airfare in parentheses. The expense total would then be $0.00.
    - If the traveler used their personal funds to pay for a bus, train or rental car, fill in the agency name and receipt total.
    - If the traveler is using their personal car, type, "See attached mileage calculation" and put in the lesser amount from the mileage calculation.
        i. Ex: Taking personal car. Rental Rate Calculator states personal car cost would be $155.15 and rental car cost would be $95.40. Put in the lesser amount - $95.40.
        (Attach both Rental Rate Calculator and filled out Statement of Automobile Travel form).

18. **Meals:**
    Breakfast and Dinner are the only allowable meals.
    Use the following 7 & 7 Rule to compute entitled meals:
    - Leave:
        > Before 7 am – Entitled to Breakfast
        > After 7 am – No Breakfast
    - Return:
        > Before 7 pm – No Dinner
        > After 7 pm – Entitled to Dinner

    Ex: Traveler's trip is for 3 days – they leave at 6 am and return at 5 pm:
    > Day 1: Breakfast and Dinner (full day per diem)
    > Day 2: Breakfast and Dinner (full day per diem)
    > Day 3: Breakfast only

    - **Overnight Per Diem** line – type in the *number* of full days the traveler was on business. Next, type the *per diem amount* of the destination traveled.
    The **Totals** column will automatically be calculated for you.
    - **Additional Breakfast/Dinner** line – this line is used if the traveler is due an extra breakfast and/or dinner based on their departure and arrival times. Fill in the day and per diem amounts.
    - **Day Trip Breakfast/Dinner** line – this line is used for day trip meals if the traveler will be claiming them during their trip. Fill in the day and per diem amounts.

19. **Mileage:**
   - If the traveler is claiming personal vehicle mileage, the number of miles traveled must be filled in, followed by the mileage rate at the time of the trip. *(Attached filled out Statement of Automobile Travel form)* Ex: traveling to/from airport
   - Current mileage rates can be found at: http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm.

20. **Incidental Expenses:**
   - This area designates any other type of expenses that the traveler is eligible for reimbursement. Ex: taxi, subway, baggage, internet, tolls, etc. List each incidental expense and receipt amount.
   - Tipping is allowed up to 20% of total receipt for taxis.

21. **Subtract Amount Billed to Corp Card:**
   - If used Airfare control number, put total cost of airfare in this space
   - If used Lodging control number, put total cost of lodging in this space
   - If used both Airfare and Lodging control numbers, add them together and put total cost in this space.

22. **Funding:**
   - This is the area designated for your funding. The funding source must match the Request & Authorization for Travel (R&A) form exactly.
        i. If one source of funds were used, put your *account number* underneath **Funding Source 1** and the *total amount* of the reimbursement in the **Amount** field.
        ii. If multiple sources of funding were used, put the *account number* underneath **Funding Source 1** and the *amount* in the **Amount**. Continue to do this for **Funding Source 2** and **Funding Source 3**. Make sure the amounts equal the *Total Travel Expenses* amount.