

Employee Expense Report Quick-Step Instructions

Section I: Employee Information

1. Select either In-State, Out-of-State, or International
 - a. Out-of-State or International travel requires a completed Travel Authorization attached to payment method
2. Select Report Type
 - a. Reimbursement- Employee has used personal funds. If the travel has not occurred, this is considered an "Advance." See Advance and Settlement.
 - b. Advance- Employee is requesting funds for travel that has not occurred. Employees may only have one Advance at a time. If an Advance is issued, a settlement is required.
 - c. Settlement- Employee received an advance and is providing documentation of actual expenses incurred.
This is to be completed 5 days from the return date.
3. Your Employee ID is the same as your "Payroll ID." If you do not know this number, contact HR
4. Your Dragon ID is the same as your "Tech ID"
5. Select appropriate Bargaining Unit. If you do not know your Bargaining Unit, contact HR
6. **Do not include any expenses incurred on a University Purchasing Card or PO. Only include expenses for which reimbursement is being requested**

Section II: Travel Itinerary and Expenses

1. Complete the entire daily travel expenses
 - a. Your departure and arrival time will indicate if you are to receive reimbursable meals:
 - i. Breakfast- Actual cost not to exceed \$9.00
 1. Reimbursed when trip begins before 6am
 - ii. Lunch- Actual cost not to exceed \$11.00
 1. Reimbursed when employee is in travel status through the normal lunch period and is 35 miles from campus
 - iii. Dinner- Actual cost not to exceed \$16.00
 1. Reimbursed when trip ends after 7pm
 - b. Mileage
 - i. State-owned vehicle available but declined- student will be reimbursed 50.5 cents per mile (.505) for travel on or after 1/1/2020
 1. Rate prior to 12/31/2019 is 51 cents per mile (.51)
 - ii. State-owned vehicle not available- student will be reimbursed 57.5 cents per mile (.575) for travel on or after 1/1/2020
 1. Rate prior to 12/31/2019 is 58 cents per mile
 - iii. [Meal and Mileage reimbursement amounts](#)

Section III:

1. Complete date and details to "Other Expenses." This is the portion of the form to request reimbursement for airfare, conference fees, supplies, rental car, memberships, etc.

Section IV: Cost Center Allocation

1. Complete the cost center information and amounts to equal the "Total amount to be paid to Employee."

Important

- Complete your totals and attach documentation (including Out-of-State/International Travel Authorization)
- Obtain appropriate signatures and submit to Business Services (Owens 106)
- Please allow 3 weeks for processing
- If submitted 60 days after expense, the reimbursement becomes taxable and tax withholding must be taken
- For an advance settlement, Employee Expense Reports must be submitted within 5 days after travel
- Visit Business Services' [Travel and Business Expenses](#) webpage for additional policies and procedures

Section I:	Travel Type: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State/International (must attach travel authorization)	Report Type: <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance <input type="checkbox"/> Settlement
Name:	Travel Destination and Purpose of Expense:	
Home Address:		
Work Address:		
Work Phone:		
Department/Office:	Employee ID#	Bargaining Unit: Required
	Dragon ID #	

Section II:	Do not include expenses incurred on University Purchasing card or PO. Only include expenses for which reimbursement is being requested.														
Date	Daily Itinerary		Reason for Travel	Daily Mileage	Mileage Rate	Mileage Amount	Meal Amount			Lodging Amount	Daily Total				
	Time	Location					B	L	D						
	Departure														
	Arrival														
	Departure														
	Arrival														
	Departure														
	Arrival														
	Departure														
	Arrival														
	Departure														
	Arrival														
Section II Subtotals:															

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts herein shown and hereby authorize payroll deduction of any such advances not accounted for within 28 days after completion of trip. I have not claimed frequent flyer mileage or other travel benefits as my own.

Employee's Signature Date

I approve based on my knowledge of the necessity for the expense and on the basis of compliance with all provisions of applicable policy and procedure.

Supervisor/Department Chair's Signature Date

VP/ Dean/Director's Signature Date

Section III:		
Date	Other Expenses	Total
Section III Subtotal:		
TOTAL OF SECTION II AND III:		
Less Advance (If Applicable):		
TOTAL AMOUNT TO BE PAID TO EMPLOYEE:		

Section IV:	Total amount must equal amount to be paid to employee:
Cost Center number/name _____	\$ _____
Cost Center number/name _____	\$ _____
Cost Center number/name _____	\$ _____