FRAMINGHAM STATE COLLEGE
TRAVEL EXPENSE VOUCHER

rev 3/24/10

Attach all original receipts.

THIS VOUCHER MUST BE SUBMITTED WITHIN 30 DAYS OF THE EARLIEST TRAVEL DATE LISTED.

	VOUCHER NUMBER
List other Purchase Order Numbers to which this travel is related.	

Place an "X" beside the approriate field(s) below:

EMPLOYEE	MSCA	APA	AFSCME	NON UNION	CONTRACTOR (Payroll)	STUDENT

NAME	Employee/Student ID #	DEPARTMENT

HOME ADDRESS	DATE PREPARED

DATE	FROM/TO/RETURN Itemize by day. Enter city of departure, city of arrival and city of return. When listing privately owned auto mileage, report under "Purpose" the names, if any, of all other employees transported. **Enter the "Purpose" of the travel on the reverse side of this form. Mileage must be calculated to the destination from the College or from Home whichever is shorter.**	Private Auto Mileage Rate = $ 0.580		Odometer Reading		MEALS			OTHER TRAVEL EXPENSES (explain)	TOTAL EXPENSES
		# Miles	Amount	Beginning/Ending		Breakfast Expenses	Lunch Expenses	Dinner Expenses		
			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
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			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
			0.000							0.00
xxx	Totals	0.00	$ 0.00			$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

AMOUNT TO BE REIMBURSED $

EXPENDITURE BREAKDOWN

FUND	ORG	ACCOUNT	PROGRAM	AMOUNT
				$
				$
				$
				$
				$
				$

Enter purpose of travel on the reverse side of this form.

Business Office Approval _____

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

_____ _____

TRAVELER SIGNATURE DATE

I hereby certify that this travel was necessary and authorized.

_____

DIRECTOR/DEPTARTMENT HEAD DATE

_____

PRINTED NAME AND TITLE

DATE OF TRAVEL	PURPOSE AND BENEFIT OF TRAVEL (Date ranges, agency visited, conference attended, other individuals who travelled with you, etc.)

INSTRUCTIONS

1. In order to be reimbursed for travel expenses incurred, an employee of the College, a contractor on the FSC payroll and students **must submit this "Travel Expense Voucher" within 30 days of the earliest travel date** listed on this Voucher. Contractors not on the FSC payroll, should not use this Voucher.
2. Items such as conferences, airfare, hotels, tolls, meals, parking, taxis, buses, trains, etc. **require original receipts** in order to be reimbursed. If you are booking a trip through the Internet, print out the travel information and confirmation of payment. State Comptroller's and State Auditor's rules and regulations do not permit the College to make a reimbursement without an original receipt. According to contract provisions, meals will be reimbursed only if the period of travel is at least 24 hours. See the contract for the appropriate reimbursement rates.
3. **Travel must be completed prior to reimbursement.**
4. If the travel listed consists of **travel outside Massachusetts, then a "Travel Outside the Commonwealth" form and a General Enucmbrance in Banner must be completed and approved in advance of the travel.**
5. If the travel consists of travel using a private vehicle, **mileage must be calculated at the contract rate** to the destination **from the College or your home whichever is shorter.**
6. All travel and other reimbursements incurred by employees and contraced employees paid through the State payroll process **will be made in the bi-weekly pay.** A separate check will not be issued.
7. To complete this form starting from the top:
   a. Enter the page number and number of pages of Vouchers. Staple together.
   b. Enter any purchase order numbers associated with this travel, such as the previous payment to an organization for conference registration, or the General Encumbrance number .
   c. Check if you are an employee (if so, check appropriate union designation), payroll contractor or student.
   d. Enter your name, home address, employee ID# (from your pay advice) or student ID#, College department, and the date this voucher was prepared.
   e. Enter the date for each travel along with the city and state of the destination. If a private vehicle was used, enter the rate per mile, the number of miles and the beginnining and ending odometer readings. The amount will calculate. If meals are to be reimbursed, enter the amount under the appropriate meal. If travelling by air or train, staying in a hotel, taking a taxi, incurring tolls, parking, seminar or other expenses, enter the description under the "From/To/Return" column and the amount under the "Other Travel Expenses" column. The totals will calculate down and across. Enter the portion of the total amount to be reimbursed to you. Indicate the fund, org, account, program and dollar amount. If the expense is to be split among different funds, etc., be sure that the total of all amounts equal the Amount to be Reimbursed.
   f. You must sign and date the Voucher. Then have your Director/Department Head or Vice President, as appropriate, sign and date the Voucher.
   g. On this side of the Voucher, enter the dates and purpose of travel.
8. Once completed and signed, forms should be submitted to the Business Office.