

Travel Settlements

Completion process



Travel Expense Statement



Turtle Mountain Community College
 P.O. Box 340
 Belcourt, ND 58316 Telephone (701)477-7868 Fax (701)477-7807

TRAVEL EXPENSE STATEMENT

Name:	<input type="text"/>	Dates:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Purpose of Meeting/Trip:	<input type="text"/>		
City:	<input type="text"/>	Place:	<input type="text"/>		
State:	<input type="text"/>	Name of Person Driving:	<input type="text"/>		
Zip Code:	<input type="text"/>	Staff Riding in Same Auto:	<input type="text"/>		

MONTH	DAY	TRAVEL		TIME		MODE OF TRAVEL			LODGING SUMMARY		
		FROM	TO	LEAVE	ARRIVE	<input type="checkbox"/> Personal Auto	<input type="checkbox"/> College Car	<input type="checkbox"/> Airline	MILES	HOTEL	COST

OTHER EXPENSES	AMOUNTS	EXPENSE RECAP
		LODGING
		MILEAGE
		MEALS
AIRLINE TICKET #		TOTAL
		LESS TRAVEL ADVANCE
		BALANCE DUE EMPLOYEE

I declare and affirm, under the penalties of perjury, that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

(SIGNATURE OF EMPLOYEE)

RECEIPTS FOR ALL EXPENSES (with the exception of meals)
 MUST BE ATTACHED FOR APPROVAL.

APPROVED, COMPTROLLER

SEE OUR WEB PAGE AT: <http://www.tm.edu>

Accredited by North Central Association of Colleges and Schools Commission on Institutions of Higher Education
 30 North LaSalle, Suite 2400, Chicago IL 60602

TURTLE MOUNTAIN COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY EMPLOYER

Revised 4-4-06

Section One

Name:	Employee Name		
Address	PO Box XXX		
City	Belcourt		
State	ND	Zip Code	58316

- ◆ Name of the individual who traveled must be filled in.

Section Two

Dates	April 14, 2008	To	April 17, 2008
Purpose of Meeting/Trip	Financial Aid Conference		
Place	Bismarck, ND		
Name of Person Driving	Self		
Staff Riding in Same Auto	None		

- ◆ Dates of the travel
- ◆ Reason for traveling
- ◆ Where you went
- ◆ Name of person driving & if anyone rode with you.

Section Three

		TRAVEL		TIME		MODE OF TRAVEL		LODGING SUMMARY	
MONTH	DAY	FROM	TO	LEAVE	ARRIVE	<input checked="" type="checkbox"/> Personal Auto <input type="checkbox"/> College Car <input type="checkbox"/> Airline	MILES	HOTEL	COST
April	14	Belcourt	Bismarck	2:05 PM	6:00 PM	PA	210	Kelly Inn	102.48
April	17	Bismarck	Belcourt	4:40 PM	9:30 PM	PA	210	Kelly Inn	102.48

- ◆ Day and month of the departure
- ◆ Starting city & intermediate point or final destination
- ◆ Time departure and arrival
- ◆ Mode of travel
- ◆ Number of miles drove
- ◆ Name of the hotel and cost listed, receipt attached

Section Four

OTHER EXPENSES	AMOUNTS
AIRLINE TICKET #	

- ◆ Airline ticket
- ◆ Ground transportation
- ◆ Airport parking
- ◆ Registration Fees
- ◆ Must attach receipts and boarding passes

Section Five

EXPENSE RECAP	
LODGING	204.96
MILEAGE	212.10
MEALS	57.72
TOTAL	474.78
LESS TRAVEL ADVANCE	
BALANCE DUE EMPLOYEE	

- ◆ Expense Recap is total of “other expenses”
- ◆ Total of Lodging summary
- ◆ Mileage (miles x rate)

Section Five Continued

- ◆ Fiscal Policy 8.0020.04 The authorized meal rate in the Federal Register 1542 will be allowed. Receipts are not required, but the traveler must disclose the date and time of departure and return.
 - Breakdown
 - ◆ Breakfast 20% of rate
 - ◆ Lunch 32% of rate
 - ◆ Dinner 48% of rate
- ◆ Fiscal Policy 8.0070 Per Diem shall not be allowed for travel commencing and terminating on the same calendar day.
- ◆ Fiscal Policy 8.0080 Travel of 24 hours or more:
 - For travel beginning before 8:00 a.m. a breakfast allowance may be claimed.
 - For travel commencing before 10:00 a.m. or ending after 2:00 p.m. a lunch allowance may be made.
 - For travel terminating after 6:00 p.m. a dinner allowance may be made.

Section Six

I declare and affirm, under the penalties of perjury, that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

RECEIPTS FOR ALL EXPENSES (with the exception of meals)
MUST BE ATTACHED FOR APPROVAL.


(SIGNATURE OF EMPLOYEE)

APPROVED, COMPTROLLER

- ◆ Individual traveling must sign
- ◆ Settlement will be processed after it is verified and signed by comptroller.

Travel Report Summary

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Turtle Mountain Community College
P.O. Box 340
Belcourt, ND 58316 Telephone: (701)477-7862 Fax: (701)477-7807

TRAVEL REPORT SUMMARY

Name _____ Travel Justification _____
Address _____ Location _____
City _____ Period of _____ To _____
State / Zip Code _____

Summarize topics covered, major points of speaker(s) presentation for each session attended in the space provided below:

Date	A.M. Session	P.M. Session
Date _____ Day of Week _____		
Date _____ Day of Week _____		
Date _____ Day of Week _____		
Date _____ Day of Week _____		

Additional Comments:

Employee's Signature

Supervisor's Signature

- ◆ Name info completed
- ◆ Reason for traveling
- ◆ Where you went
- ◆ Agenda to meeting, session information, or written narrative attached
- ◆ Supervisor must sign prior to submission
- ◆ Traveler must sign

Supplemental Travel Report

Page Three

Supplemental Travel Report

1. Were there students on the trip? Yes No
2. Are you aware of any incidents that occurred involving a student? Yes No
- If yes, name the student(s) involved and explain what occurred?