

Section III

Procedure

A. REIMBURSEMENT FOR TRAVEL EXPENSES

1. After completion of travel, a claimant should complete and sign a Travel Claim to obtain reimbursement for expenses incurred.
2. Upon completion of the claim, forward the following items to the appropriate supervisor for authorization:
 - a. The completed travel claim
 - b. The original receipts (lodging, transportation, registration fees, rental vehicle charges, et al). If original receipts are not available, denote the reasons for same on the face of the travel claim or as an attachment.
 - c. Documentation to justify unusual or extraordinary costs incurred.
3. The supervisor should review the travel claim for completeness and appropriateness of expenses claimed, sign the claim in the appropriate area, and forward the travel claim to the next level of approval, or to the Accounts Payable office if no other approvals are required.
4. Reimbursement of prepaid travel expenses by a claimant may be allowed when a travel event is cancelled for legitimate reasons. Only the portion of prepaid expense which is non-refundable will be considered reimbursable. Claims for such reimbursements should not be filed on a travel claim, but on an OSF Form 3, "Notarized Claim Form".

Such a claim should include a memorandum explaining the circumstances which justify the reimbursement, nature of the cancellation, a paid receipt and certification that the expense is non-refundable.
5. Upon receipt of an approved travel claim, the Accounts Payable office will process the claim for payment.

B. COMPLETING A TRAVEL CLAIM

The descriptions below reference directly to the attached example travel claim, and describe the information to be included when completing a claim for reimbursement of travel expenses:

1. Full Name of the Claimant.
2. Employee ID or Social Security Number of the Non-employee Claimant.
3. Address of the Claimant.
4. Budget account number to which the expenses should be charged.
5. Answer 'yes' or 'no' whether the vehicle used for the object of travel was owned by the University or the State of Oklahoma.
6. If the vehicle used for the object of travel was not owned by the University or the State of Oklahoma, please provide the license number of the private vehicle used.
7. State whether the claimant is a state official or employee.
8. Provide the official duty station of the claimant. Typically will be Claremore, Pryor, or Bartlesville. If the claimant works from home, use the home city/town. If the claimant is not a state official or employee, leave blank.
9. Explain in as much detail possible the purpose of the travel event(s).
10. State the point from which travel began and ended. Show each leg of the trip separately (to/from), and include multiple stops, if applicable. Alternatively, you may record a travel event in terms of 'round trip' (e.g., Claremore to Oklahoma City and return).
11. Enter calendar day/month/year for each leg of trip recorded.
12. State map mileage for each leg of trip recorded. For in-state travel, map mileage must equal the distance as defined by the Oklahoma Department of Transportation (ODOT). ODOT provides map mileage information at the following website:

<http://www.okladot.state.ok.us/>

From this website, 'click' on 'Oklahoma Mileage Table' for official map mileage.

Out-of-state mileage may be obtained through commercial sources such as MapQuest, available at the following website:

<http://www.mapquest.com/>

- 12a. State the total of all map miles listed in the map mileage column.
13. State vicinity mileage for each leg of trips reported. Vicinity mileage is any actual and official mileage incurring during travel which is in excess of map mileage.
- 13a. State the total of all vicinity miles listed in the vicinity mileage column.
- 13b. State the sum of all miles listed in items 12a and 13a.

- 13c. Enter the rate per mile applicable to the travel period.
- 13d. The total mileage reimbursement is the product of miles claimed (13b) x the current mileage reimbursement rate in effect at the time of the travel event (13c).

Items 14 and 15 are required only if travel involved overnight travel status:

14. State the time travel began, and associate this time with the first leg of the trip.
15. State the time travel ended, and associate this time with the last leg of the trip.
16. State the total number of 24 hour periods encompassed by the travel event.
- 16a. State the total days listed in the Number of days column.
17. State the number of hours in excess of 24 hour period(s) encompassed by the travel event, or in the case of a travel event which was less than 24 hours, the number of hours encompassed by the travel event.
- 17a. State the total number of hours listed in the Number of Hrs. column.
18. State the daily per diem rate allowed for the destination location of the travel event. For per diem location rates, please refer to the U.S. G.S.A. website link below:

http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC

From this website, 'click' on the state of the travel destination, and determine the per diem rate for the applicable location. If the location of the travel destination is not listed therein, the *standard CONUS destination* per diem rate should be used.

See RSU Travel Policy & Procedure, Section II (I, par. 1-4) for additional information.

19. State the per diem amount claimed for reimbursement. This is the product of the daily per diem rate x the number of 24 hour periods encompassed in the travel event plus the equivalent quarterly per diem rate for any less than 24 hour period.

Note: Per Diem reimbursement may require adjustments (deductions) for meals provided to the claimant as part of a registration/conference package. See item 29 below for further instruction on calculating per diem adjustments.

- 19a. State the total Per Diem amount listed in the Per Diem column.
20. State the amount of lodging reimbursement requested. Lodging rates will vary dependant upon travel destination. Unless lodging rates are pre-established by a conference sponsor, the claimant will be limited to reimbursement by location rate, as established by the U.S. G.S.A. For lodging location rates, please refer to the U.S. G.S.A. website link below:

http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC

From this website, ‘click’ on the state of the travel destination, and determine the lodging rate for the applicable location. If the location of the travel destination is not listed therein, the *standard CONUS destination* lodging rate should be used.

- 20a. State the total lodging amount listed in the Lodging Amount column.
21. State the sum of per diem and lodging amounts requested in items 19 and 20.
- 21a. State the total per diem and lodging amounts listed in the Total Per Diem/Lodging column.
22. Denote air, bus, or train travel, if applicable, and state the amount of personal expense incurred. If none, leave blank.
23. If air, bus, or train travel expense was paid directly by the University via purchase order, denote with “Y”.
24. If item 23 is “Y”, include the purchase order number issued for this purpose.
25. State the amount of public transportation expense claimant is requesting to be reimbursed. This amount is equal to the amount included in item 22, if applicable.
26. State the amount of local transportation expense incurred for each category. As a reminder, any individual expense greater than \$25.00 must be supported by receipts or other forms of documentation.
27. State the amount of registration fees personally expended. If none leave blank.
28. If registration fees were paid directly by the University via purchase order, denote with “Y” and include the purchase order number issued for this purpose.
29. When meals are provided as a component of a registration fee, whether paid by the claimant or paid directly by the University via purchase order, list the number of meals provided.
30. State the amount of miscellaneous expenses incurred for each category. As a reminder, any individual expense greater than \$25.00 must be supported by receipts or other forms of documentation.
31. State the amount of miscellaneous expense claimant is requesting to be reimbursed. This amount is equal to the sum of amounts listed in items 27 & 30, if applicable.
32. State the amount of local transportation expense claimant is requesting to be reimbursed. This amount is equal to the sum of amounts listed in item 26, if applicable.
33. State the total amount requested for reimbursement. This amount is the sum of amounts listed in items 13C, 21a, 25, 31 and 32.
34. Print claimant name here.
35. Signature of claimant required here.
36. Signature of claimant supervisor, or other individual authorize to approve for payment.
37. Signature of other required approver, (i.e., Director, Dean, Vice President, President).
38. Reserved for Budget & Accounting approval.
39. State the total claim amount requested. This amount should be equal to amount in item 33.

40. This item should be left blank unless the claimant is waiving his/her right to the amount claimed, and elects to 'assign' the amount of the claim to another individual. If assignment is requested, state the full name of the individual to whom assignment is made.
41. To be left blank, unless assignment option is elected at item 40.