Trav-207-In State

		Summary Page
1	In State	Chose "In State" from Drop Down
2	Name	Enter Name of Traveler
3	Employee ID #	Enter Travelers Employee ID
4	Travel Dates	In state travel requires whole month from the first day of the month to the last day of the month even if you only traveled a few days during the month From: Enter the Month, First Day of Month, Year of Travel
5	Title	To: Enter The Month, Last Day of Month, Year of Travel Enter travelers title
5 6		
7	Org License Number	Enter home org of traveler Enter travelers vehicle license plate number (If claiming Mileage)
8	Signature Signature	Traveler will Sign and Date
9	Travel Supervisor	Traveler will sign and Date Traveler will have their Travel Supervisor to approve
9	Travel Supervisor	^ ^^
1	Date of Travel	Purpose and Mileage Page
1	Date of Travel	Enter the date you started travel If your trip started in previous month, enter date of travel for previous month with "0" miles
2	Purpose of Trip	Purpose of trip needs to start with what traveler did on this trip to benefit extension (Action Word). • Example: Attend small fruit and vegetable conference
		Example: Present poster on fruit and vegetable disease
		*If you attended Conference or Training this is coded differently in Financial
		Services and needs to be referenced.
		*Traveler must enter purpose of Trip even if they aren't claiming mileage.
		*Return Trip is required
3	Fund Number	Enter the fund this expense will be charged to
4	Org	Enter the Org number this expense will be charge to
5	From	Enter the place you began your travel
		Headquarters
		 Residence
		Name of Town or Farm
		*Write it out to be Clear - No Abbreviation
6	Time	Enter the time of day that traveler actually left your destination for travel *These times are used to determine if you are eligible for meals so be precise
7	То	Enter the place you ended your travel • Headquarters • Residence • Name of Town or Farm *Write it out to be Clear - No Abbreviation
8	Time	Enter the time of day that traveler arrived at destination *These times are used to determine if you are eligible for meals so be precise
9	Miles	Enter Miles Claimed between the from and the to destination *Rand McNally or Map quest is used to determine acceptable mileage claimed *Round to the nearest number (NO DECIMALS)

Trav-207-In State

		If your travel started in previous month, enter "0" for mileage on last month's
		date. Both sides of trips need to be listed.
		Subsistence and Miscellaneous
1	Date	Enter the Date of the travelers claimed Expense
2	Place	Enter the place expense occurred
		Example: Little Rock, Arkansas
3	Fund Number	Enter the fund this expense will be charged to
4	Org	Enter the Org number this expense will be charge to
5	Lodging	Enter the amount of Lodging Expense for that day of travel
		*Lodging receipt is required
		*Lodging receipt is required to be in the travelers name
		*Check Per Diem Rate at http://www.gsa.gov/portal/category/100120
		*If hotel is over per diem a Trav-213 will need to be completed and approved
		*If lodging is shared between two people. A lodging receipt is required in each
		of the travelers name with their portion of the expense on it.
6	Breakfast	Enter the amount of actual breakfast charges
		*Traveler is required to leave Official Station prior to 6:30am in order to claim
		breakfast
		*Check Per Diem Rate at http://www.gsa.gov/portal/category/100120
		*Meals will only be reimbursed at 75% of per diem on first and last day of travel
		*15% is allowed for tips
7	Lunch	Enter the amount of actual lunch Charges
		*Traveler is required to leave Official Station prior to 11:30am in order to claim
		Lunch and when returning to Official Station arrive by 12:30pm
		*Check Per Diem Rate at http://www.gsa.gov/portal/category/100120 *Magla will only be a right word at 75% of any diam on first and lost day of travel.
		*Meals will only be reimbursed at 75% of per diem on first and last day of travel
8	Dinner	*15% is allowed for tips Enter the amount of actual dinner charges
0	Diffici	*Traveler is required to leave Official Station by 5:00PM in order to claim dinner
		and when returning to their official station they arrive by 6:30pm
		*Check Per Diem Rate at http://www.gsa.gov/portal/category/100120
		*Meals will only be reimbursed at 75% of per diem on first and last day of travel
		*15% is allowed for tips
9	Registration	Enter the amount of registration expense
		*Receipt is required
10	Parking	Enter the amount of parking expense
		*Receipt is required
11	Ground	Enter the amount Shuttle/Bus Expenses/Rental Car
	Transportation	*Receipts is required in Travelers name
		*Rental car requires justification of why car is being rented
12	Flight	Out of State ONLY
13	Other	Enter the amount of any other charges that are incurred that are reimbursable
		Internet Charges
		*Receipt required
14	Explanation	If "Other" Expense was used – Give Explanation of what charges were for
		Internet Charges
		*Receipt required



Id # is Required

Employee I.D. #

955955

Name of Traveler Required

Jane Doe

Name

IN-STATE TRAVEL FORM

In State Travel requires whole month from first day of month through the last day of month even if you only traveled a few days in the month

То

7/31/2015

Travel Dates

TRAV-207

IN-STATE

Select from Dropdown box In State

Official Station	
LRSO	

Station is Required

Title	Program Assistant	Home Org #	9855	Org is required

From

7/1/2015

Private Vehicle Certification: I am the legal owner of the vehicle used for official transportation

described on this form. Liability insurance is in force on this vehicle.

License number

TYO255

If mileage is claimed,
License number ovehicle used is
Required

Travel Account Summary											
		Mileage			Registration		Ground				
Fund #	Org#	Charged	lodging	Meals	Fees	Parking	Transp.	Flight	Other	Total	

The following University employees were furnished official transportation without charge in this vehicle:

Certification: When signing this form, the traveler certifies that the expenses claimed are true and correct and were incurred in the performance of official duties and that meals and other expenses included in a registration fee or provided by others are not claimed for reimbursement.

Traveler Signature is required
Signature

(Manual signature of person to whom account is due)

Supervisor of Traveler is required
Approved

Date of Signature Required
Date

(Travel Supervisor)

If you are attending Conference or Training, please reference it in the purpose and mileage

Name Jane Doe
riod ended 07/31/15
Purpose of trip needs to start with what you did on the trip to benefit Extension (Action

Fund Number Charged with Trip

IN-STATE Travel Form Purpose and Mileage

Rand McNalley or Mapquest is used to determine mileage that is acceptible for trip

	<u></u>	did on the trip to benefit Extension (Action	Trip)							-
		word)								Mileage	
	Date	Purpose of Trip	Fund#	Org	From	Time	То	Time	Miles	Charged	_
		Attend training on Snap Ed									Round
		Rules and Regulations	14000		Headquarters		Fayetteville, AR	9:30 AM	190		to nearest
	07/13/15	Returned to Headquarters	14000	9855	Fayetteville, AR	12:00 PM	Headquarters	3:30 PM	190	79.80	number
		Presented Demonstration to					School of hard				
		Promote Snap Ed Education	28522	0855	Headquarters	8:00 AM		9:00 AM	65	27.30	
ŀ	01/13/13	Tromote Shap Lu Ludcation	20022	3000	School of Hard	0.00 AIVI	KIIOX	3.00 AIVI	00	21.50	1
	07/15/15	Returned to Headquarters	28522	9855	Knox	12:00 PM	Headquarters	1:00 PM	65	27.30	
_							1				1
ig stay		Attended Food Safety									
u to		Conference at Little Rock									
se		State Office - Traveled with					Little Rock State				
	07/17/15	County Agent - No Mileage	14000	9855	Headquarters	6:00 AM	Office	8:00 AM	0	0.00	4
	0=/40/4=				Little Rock State		.				
_	07/18/15	Returned to Headquarters	14000	9855	Office	3:00 PM	Headquarters	4:00 PM	0		_
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Even if you arent claiming Mileage but sta overnight you are required to add to purpose and mileage sheet

NOTE*
Must show
return to each
trip

Check Lodging amount to make sure it is within per diem. If over per diem amount a Trav213 form is required for reimbursement

Reimbursement of meals does NOT require receipts however needs to be actual cost of meals not to exceed per diem. Per diem rate can be checked at http://www.gsa.gov/portal/category/100120

Name Jane Doe Period ended 07/31/15

IN-STATE Travel Form Subsistence and Miscellaneous

Note* Meals are reimbursed at 75% of per diem on first and last day of travel

Place is where you were when

_	expenses occured		T	1	1	1			1			1	
										Ground			
Date	Place	Fund#			Breakfast	Lunch	Dinner	Registration	Parking	Trans.	Flight	Other	Explanation of Other
7/17/2015	Little Rock Arkansas	14000	9855	83.00			16.83						
7/18/2015	Little Rock Arkansas	14000	9855		5.63								Explanation is required if
		T	adaina Daa	.in 6 io no ossin	ed for uired to be in f Lodging is be receipt for welers name								Explanation is required if other charges are used
			imbursem	eipt is requir	uired to be in								
		th	e name of	the traveler	f Lodging is								
		sl	ared there	will need to	be receipt for								
		el	ared amou	nt in each tre	welers name								
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