

## **INSTRUCTIONS FOR PREPARATION OF TRAVEL VOUCHER**

All items listed below must be completed on the front and back portions of The State of Texas Travel Voucher. Forms are available on-screen at the e-forms web site. The items listed below correspond to the item numbers on the travel voucher.

### **FRONT OF VOUCHER - (Top Portion) - GENERAL INFORMATION**

10. **Pay To:** (Give complete mailing address of claimant; i.e., name, address, city, state, zip code. This information is required in all cases even when check is to be picked up. For campus mail, use UTD Mail Station.)
11. **Title:** Title of Claimant; i.e., Professor or Prospective Employee
12. **Designated Headquarters:** (Richardson or Callier Center - Dallas)
13. **Payee Identification Number:** (Enter Employee's Social Security Number.)
14. **UTD Account Number:** Paying Department and FINS Account Number and Title (Account number should agree with number on Travel Authorization.)
16. **Service Dates:** Dates Covered by Voucher - **From:** date trip began; i.e., month/day/year  
**To:** date trip ended; i.e., month/day/year
17. **Description:** Brief description of business purpose and destination of trip.

### **FRONT OF VOUCHER – (Middle Portion) - 18. DISTRIBUTION SECTION**

#### **Expense itemization for in-state travel**

**Fares, Public Transportation:** (If additional space is needed for detail, use space in Record of Transportation and Duties Performed section on back of Voucher - Item y.)

- **Taxi RECEIPTS RECOMMENDED**
- **Airfare** (When airfare is billed to the University by Travel Agency, show fare here but do not include in amount due traveler.) **RECEIPTS REQUIRED**
- **Rental Car RECEIPTS REQUIRED**

**Personal Car Mileage:** (from Mileage Point to Point on back of Voucher - Item y.)

**Miles @ (Rate set by Legislature):** Amount/number of Personal Car Miles multiplied by State Allowance Rate; i.e., UTD-DFW = 53 m. round trip      Callier-DFW = 40 m. round trip  
UTD-Love Field = 34 m. round trip      Callier-Love Field = 10 m. round trip

**Meals and/or lodging:** In-State Per Diem Allowance (Item f. on back of Voucher for In-State Travel)

**Parking:** (If additional space is needed, itemize on back of Voucher in y. Record of Transportation and Duties Performed space.) **RECEIPT REQUIRED**

**Other Travel Expenses:** (If additional space is needed, itemize other allowable travel expenses on back of Voucher; i.e., registration fees, business calls, hotel taxes, etc.)

**If Traveler Received a Travel Advance, please complete the following:**

**Local fund travel advance dated:** Date Travel Advance received

**In the sum of \$:** Amount of Travel Advance

**TOTAL:** (sum of reimbursable expenses in items for in-state travel)

**Expense itemization for out-of-state travel**

**Fares, Public Transportation:** (If additional space is needed for detail, use space in Record of Transportation and Duties Performed section on back of Voucher - Item y.)

- **Taxi RECEIPTS RECOMMENDED**
- **Airfare** (When airfare is billed to the University by Travel Agency, show fare here but do not include in amount due traveler.) **RECEIPTS REQUIRED**
- **Rental Car RECEIPTS REQUIRED**

**Personal Car Mileage:** (from Mileage Point to Point on back of Voucher - Item y.)

**Miles @ (Rate set by Legislature):** Amount/number of Personal Car Miles multiplied by State Allowance Rate

**Meals and/or lodging:** Out-of-State Per Diem Allowance (Item r. on back of Voucher for In-State Travel) **RECEIPTS REQUIRED FOR LODGING**

**Parking:** (If additional space is needed, itemize on back of Voucher in y. Record of Transportation and Duties Performed space.) **RECEIPTS REQUIRED**

**Other Travel Expenses:** (If additional space is needed, itemize other allowable travel expenses on back of Voucher; i.e., registration fees, business calls, hotel taxes, etc.)

**If Traveler Received a Travel Advance, please complete the following:**

**Local fund travel advance dated:** Date Travel Advance received

**In the sum of \$:** Amount of Travel Advance

**TOTAL:** (sum of reimbursable expenses in items for out-of-state travel)

**FRONT OF VOUCHER - (Bottom Portion) - 19. CERTIFICATION AND APPROVAL SECTION**

**Claimant/Sign Here:** Signature of claimant

**Date:** Date signed

**Supervisor/Sign Here:** Signature of Appropriate Departmental Authority (must be supervisor or higher authority)

**Date:** Date Approved for Payment

**BACK OF VOUCHER - (Top Portion) - IN-STATE INFORMATION**

- a. **Leave Headquarters:**  
Date traveler left headquarters; i.e., month/day  
  
Time (hour and minutes) traveler left headquarters; i.e., 8:00  
  
Part of day traveler left headquarters; i.e., AM or PM
- b. **Arrive Headquarters:**  
Date traveler returned to headquarters; i.e., month/day  
  
Time (hour and minutes) traveler returned to headquarters; i.e., 6:45  
  
Part of day traveler returned to headquarters; i.e., AM or PM
- d. **Cost of Meals:** not to exceed \$36.00 (See Section B2-220.1, A.1.) Must travel overnight for meal reimbursement.
- e. **Cost of Lodging:** not to exceed \$85.00 per day (See Section B2-220.1, A.1.) - **RECEIPTS REQUIRED** (See Section B2-220.1, A.2.)
- f. **TOTAL MEALS AND LODGING:** not to exceed \$121.00 per day (sum of Items d and e - see Section B2-220.1, A.1.)

**NOTE: If traveler receives actual expenses, \$ limits do not apply.**

**TOTAL MEALS & LODGING:** (amount that should be carried to front under In-State Travel)

**BACK OF VOUCHER - (Middle Portion) - OUT-OF-STATE INFORMATION**

- m. **Leave Headquarters:**  
Date traveler left headquarters; i.e., month/day  
  
Time (hour and minutes) traveler left headquarters; i.e., 8:00  
  
Part of day traveler left headquarters; i.e., AM or PM
- n. **Arrive Headquarters:**  
Date traveler returned to headquarters; i.e., month/day  
  
Time (hour and minutes) traveler returned to headquarters; i.e., 6:45  
  
Part of day traveler returned to headquarters; i.e., AM or PM
- p. **Cost of Meals:** not to exceed Locality Based Allowance (See Section B2-220.1.1, B and Exhibit B7 of this Manual.) Must travel overnight for meal reimbursement.

- q. **Cost of Lodging:** not to exceed Locality Based Allowance (See Section B2-220.1.1, B and Exhibit B7.) **RECEIPTS REQUIRED** (See Section B2-220.1.1, B of this Manual.)
- r. **TOTAL MEALS & LODGING:** not to exceed Locality Based Allowance (sum of Items p and q - see Exhibit B7 for rates)

**NOTE: If traveler receives actual expenses, \$ limits do not apply.**

**TOTAL MEALS & LODGING:** (amount that should be carried to front under Out-of-State Travel)

**BACK OF VOUCHER - (Bottom Portion) - RECORD OF TRANSPORTATION AND DUTIES PERFORMED**

**DATE:** dates of travel

- y. **RECORD OF TRANSPORTATION AND DUTIES PERFORMED:** (record of transportation claimed, business purpose of trip, and benefit to U.T. Dallas) (See Section B2-110.0 of this Manual - Description must include identification of person or place contacted and/or nature of the official business of the State performed within the legal responsibilities of the agency.)

**MILEAGE POINT TO POINT:** (See Exhibit B5/B6 in this Manual or Actual Odometer Readings - amount to be carried to front)

Last revision: 09/05