

TRAVEL EXPENSE REIMBURSEMENT REQUEST

F.H. LAGUARDIA COMMUNITY COLLEGE – THE CITY UNIVERSITY OF NEW YORK

TRAVELER INFORMATION

NAME _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

EVENT INFORMATION

CONFERENCE/WORKSHOP NAME _____

PURPOSE _____

TRAVEL INFORMATION

	<u>LOCATION</u>	<u>DATE</u>	<u>TIME</u>
DEPARTED	Home	____/____/____	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
ARRIVED	_____	____/____/____	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
DEPARTED	_____	____/____/____	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
RETURNED	Home	____/____/____	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

EXPENSES PRE-PAID BY THE COLLEGE

TRANSPORTATION (air/rail) \$ _____ LODGING \$ _____ REGISTRATION FEES \$ _____

TRAVELER EXPENSES - See reverse side for Travel Reimbursement Regulations

AIR/RAILROAD/BUS FARE \$ _____

PERSONAL VEHICLE COST (Attach Personal Vehicle Record Form) \$ _____

HOTEL/LODGING Daily Rate \$ _____

MEALS (Do NOT attach receipts; Meals reimbursed at per diem rate) \$ _____

TAXIS, TRANSFERS, TOLLS, MASS TRANSIT \$ _____

REGISTRATION FEE \$ _____

TIPS: BELLHOP _____ MAID _____ SKYCAP _____ \$ _____

TELEPHONE \$ _____

OTHER EXPENSE _____ \$ _____

TOTAL TRAVEL EXPENSE \$ _____

LESS CASH ADVANCE or DEPARTMENT DEDUCTION (\$ _____)

APPROVED REIMBURSEMENT AMOUNT \$ _____

CERTIFICATION

I hereby certify that this accounting is an accurate statement of my actual disbursements, that the expenditures were necessary in the performance of my official City duties; that no part thereof has been paid to me, or on my behalf except as stated hereon, And that the balance shown is a true statement of the amount due.

TRAVELER CERTIFICATION _____ DATE _____

AUTHORIZATION _____ DATE _____

Business Office Use Only:

Log # _____ Req # _____ PO # _____ PO # Date _____

Budget Code # _____ Approved By _____ Approval Date _____

**F.H. LAGUARDIA COMMUNITY COLLEGE
OF THE
CITY UNIVERSITY OF NEW YORK
TRAVEL REGULATIONS**

Instructions and Schedule of Rates; Directive No. 6, City of New York, Comptrollers Office
Amended October 23, 1996

REIMBURSEMENT CLAIMS MUST BE SUBMITTED WITHIN TEN DAYS OF TRAVEL

Automobile

- T The reimbursement rate for travel by personal automobile is \$.25 per mile. The Personal Vehicle Travel Record form must be completed and attached; list dates, starting and ending odometer readings and “To and From” addresses.
- T Tolls and parking charges, except for airport parking in excess of seven (7) days, will be reimbursed only upon presentation of receipts.
- T Repairs are not reimbursable.
- T Car rentals are reimbursable only in special instances, with prior approval of Dean. Gasoline, tolls and insurance costs are reimbursable.

Meals and Lodging

- T Local travel is considered to be travel within the five boroughs, OR travel that meets the following conditions: within 75 miles from the individual’s home, and within 75 miles from Columbus Circle in NYC, and the travel day is 112 hours or less.
- T Long Distance travel is considered to be outside of the five boroughs, AND is more than 75 miles from Columbus Circle in NYC, and/or more than 75 miles from the individual’s home, and/or the length of the travel day is more than 112 hours.
- T Meals are paid only in Overnight Travel situations.**
- T The conference/seminar rates of reimbursement for lodging and meals is dependent upon location. An incidental amount of \$2.00 per day is included. See Federal rate schedules in City’s Appendix A of Directive 6. In addition, special conference hotel rates may be paid at the lower of actual cost or 150% of the maximum lodging amount component of the per diem rate allowed for the locality in the Federal rate schedules. The hotel must be listed as a conference site in the conference literature to qualify for 150% reimbursement of the stated Federal rate.
- T It is necessary to attach the conference, convention or seminar literature/agenda. If the conference, convention or seminar fee includes the cost of meals and/or lodging, the reimbursable rate is decreased accordingly.**

Telephone

- T Business related calls from home or away may be reimbursed in full.
- T Employees on Overnight Travel are permitted one personal call of reasonable duration (5 minutes) for each day of travel.
- T Reimbursement claims must indicate date, name of party, telephone number and place called and the purpose of the call and must attach an itemized receipt. For personal calls, only the date, identification as “personal”, and itemized receipt are required.**

Tips and Gratuities

- T Payment for customary and reasonable tips and gratuities such as at lodging establishments and for transportation services is permitted. The cost of tips for meal service is incorporated into the per diem and other meal rates and are not reimbursed as separate items.

**ALL FEDERAL ID NUMBERS MUST BE OBTAINED FOR HOTELS, TRAVEL AGENCIES,
AND OTHER TRAVEL RELATED VENDORS.**