



# TRAVEL REIMBURSEMENT FORM

BUSINESS OFFICE  
(585) 385-8055

EMPLOYEE NAME \_\_\_\_\_  
 BANNER ID NUMBER \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_  
 PURPOSE OF TRAVEL \_\_\_\_\_

This form with appropriate documentation **MUST BE SUBMITTED WITHIN 25 DAYS FROM THE LAST DAY OF TRAVEL** to be eligible for reimbursement. Clearly state the purpose of the travel. Attach original receipts and other documentation for all transportation, lodging, meals, and other expenses. Expenses included without a receipt will not be reimbursed. Meal receipts must include the names of all in attendance. New York State Sales Tax is not reimbursable.

DATE	DESTINATION/ LOCATION (From-To; If Auto, Total Mileage)	TRANSPORTATION COST (Include Mileage Reimbursement Cost)	PARKING/ TOLLS	LODGING COST	MEAL COSTS (Break-down for Breakfast, Lunch, & Dinner)		TOTAL
					B	L	
					B		
					L		
					D		
					B		
					L		
					D		
					B		
					L		
					D		
					B		
					L		
					D		
					B		
					L		
					D		
					TOTAL "A" →		

DATE	DESCRIPTION-OTHER EXPENSES	AMOUNT
TOTAL "B" →		

BANNER FOAP	AMOUNT
TOTAL EXPENSE "C" →	
LESS CASH ADVANCED OR PREPAID	
AMOUNT DUE: EMPLOYEE	
AMOUNT DUE: COLLEGE	

NOTE: TOTAL "A" PLUS TOTAL "B" MUST EQUAL TOTAL "C"

*When requesting a reimbursement, your Budget Manager (as the Approver) must sign this request.  
 I hereby certify that all expenses detailed on this form are accurate and incurred as an aspect of my position at St. John Fisher College.*

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE:** Approximate processing time – 25 business days from date of receipt by the Accounts Payable Department. Improperly completed forms or forms submitted without the appropriate documentation will not be processed and will be returned to the Approver.

## INSTRUCTIONS FOR TRAVEL REIMBURSEMENT FORM

Please print legibly and complete the entire form. “On File” is not an acceptable response, even if the employee has been reimbursed in the past. New York State Tax will not be reimbursed. Contact the Business Office for a copy of the College's Tax Exempt Certificate.

### **EMPLOYEE NAME:**

- The employee's legal name must be provided with middle initial, i.e. William E. Smith (not Bill Smith).

### **BANNER ID NUMBER:**

- Provide the employee's Banner ID number.

### **DEPARTMENT:**

- Provide the department that the employee works in and is submitting the reimbursement for.

### **PURPOSE OF TRAVEL:**

- Clearly state the purpose of the travel.

### **DATE, DESTINATION, TRANSPORTATION, PARKING/TOLLS, LODGING, & MEALS:**

- Complete and attach all documentation necessary to support payment for the items listed. Original receipts clearly indicating the date, location, and cost must be provided.
- For mileage, odometer readings or a map must be attached to show the distance traveled.
- Tolls will be reimbursed when receipts or EZ-PASS usage reports are attached.
- Meal receipts must include the names of all in attendance.

### **DATE, OTHER EXPENSES, & AMOUNT:**

- Complete and attach all documentation necessary to support payment for the items listed. Original receipts clearly indicating the date, expenses, and amount must be provided.

### **BANNER FOAP and AMOUNT:**

- Provide complete FOAP (Fund, Org, Account, and Program) to be charged for the total amount listed. If more than one FOAP is appropriate, then individually list each FOAP and the amount to be charged.
- Please verify that the total cost of transportation expenses (“A”) plus the total amount of other expenses (“B”) equals the total expense amount (“C”) charged to FOAPs.

### **CASH ADVANCED OR PREPAID:**

- Provide the dollar amount advanced or prepaid to the employee before the trip, if any.

### **AMOUNT DUE:**

- Indicate the dollar amount that is due to the employee or the dollar amount that is due to the college. If money is due to the college, attach documentation necessary to show payment has been made. Checks can be made payable to **St. John Fisher College**.

### **EMPLOYEE SIGNATURE and DATE:**

- The employee must sign and date the form certifying that the expenses are accurate.

### **APPROVER SIGNATURE and DATE:**

- The Budget Manager (person responsible for each FOAP) must sign and date the form indicating their approval of the travel expenses and amount due.
- An individual cannot request *and* approve a travel reimbursement. Therefore, a payment to a Budget Manager requires their Supervisor's approval. The Employee *and* the Approver cannot be the same person.

**Please allow adequate processing time for this payment. Incomplete forms will add to the time required to meet your request.**