

School of Public Health & Health Sciences
Travel & Reimbursement Request Form

Pre-Travel
Auth ID #:

Please submit promptly!! See page two for instructions.

Section One: EMPLOYEE INFORMATION

1.a Employee Name: 1.b Employee ID #: 1.c Phone #:

1.d UMass Email: 1.e Department:

1.f Home Address: City: State: Zip:

Section Two: FUNDING INFORMATION

2.a Speedtype: 2.b Fund: 2.c Dept ID:

2.d P/G #: 2.e P/G end date: 2.f Description:

Section Three: GENERAL INFORMATION

3.a Purpose: 3.b Description:

3.c Destination:

3.d Departure* Location: Date:

3.e Return* Location: Date:

If your expenses include hosting a business meal, please be sure to include a [Business Expense](#) form.

Section Four: DETAILED INFORMATION

4.a Mileage*: Mileage Reimbursement Amount:

For **per diem** rates, please note that [rates vary by location](#), and that the first and last days of travel are reimbursed at 75% of the daily amount, so be sure to calculate accordingly.

Additionally, please double-check your **payment method**, as errors here can lead to complicated and costly delays.

4.b Details:

Expense Type	Details	Date	Payment method	Amount

* From/ to home or office.

Sub-Total

TOTAL

Section Five: CERTIFICATION & PREPARATION INFORMATION

5.a Traveler's Certification: I hereby certify, under penalty of perjury, that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the University, and conform fully with travel rules and regulations. I authorize the University to deduct from my pay an amount equal to any outstanding improper reimbursements in the event that campus Controller's Office does not receive repayment of such reimbursements from me within fifteen (15) calendar days after my receipt of said notice and demand.

5a. Employee Signature: 5b. Funding Acct Administrator Signature:

5c. Admin Initials (req): 5d. Supervisor Signature:

5.e Prepared By: 5.f Preparer's Email: 5.g Date Prepared:

Travel & Reimbursement Request Form - INSTRUCTIONS

Completing the Form

- **Please submit this form promptly!! Delays can cause significant problems later!**
- The Travel & Reimbursement Request Form is for EMPLOYEE REIMBURSEMENTS ONLY. It may not be used for students or non-employees.
- All sections of the form MUST BE COMPLETED. Incomplete and/or incorrect forms and supporting documentation will be returned to the preparer and result in delayed processing.
- Complete the form electronically and save a copy for yourself.

Pre-Travel Auth Id #: Please enter your 5-digit [Pre-Travel Authorization ID number](#), which is obtained by logging in to the website linked above and registering for travel. This replaces the previous paper Pre-Travel Authorization Form.

Section One: EMPLOYEE INFORMATION

- Please complete as indicated.

Section Two: FUNDING INFORMATION

- 2.a-c** Please complete as indicated.
- 2.d-e** FOR GRANTS ONLY. Please complete as indicated.
- 2.f** Description: Provide a short description of the funding source.
 - **Please Note:** If the reimbursement requires [multiple funding sources](#), please indicate that multiple funding sources are being used and attach supporting documentation. The attached document must include the following information: Employee name, Employee ID, funding information for all funding sources (including SpeedType, Fund, Department ID, and if applicable, End date and P/G #), what percentage of the reimbursement will go on each funding source, and preparer's name and UMass contact information.

Section Three: GENERAL INFORMATION

- 3.a** Purpose:
 - For Reimbursements: Select REIMBURSEMENT from the drop-down menu.
 - For Travel: Select TRAVEL and a sub-catagory that is closest to the purpose of the travel. If TRAVEL: Other is selected, a detailed explanation of the purpose of the travel in "3.b Description" is REQUIRED.
- 3.b** Description: Provide a description of the purpose.
- 3.c** Destination: FOR TRAVEL ONLY. Provide the destination of travel (City, State, Country).
- 3.d** Departure: FOR TRAVEL ONLY. Provide the departure location, date, and time that you left your home or office.
- 3.e** Return: FOR TRAVEL ONLY. Provide the return location, date, and time .

Section Four: DETAILED INFORMATION

- 4.a** Mileage: FOR TRAVEL ONLY. Provide mileage incurred during travel. The reimbursement amount will automatically populate using the most recent [IRS Standard Mileage Reimbursement Rate](#). The mileage reimbursement is automatically added to the TOTAL reimbursement in "4.b Details". Please attach proof of mileage using a print-out from Google (or other) mapping site. Mileage is reimbursed via THE MOST DIRECT route only, regardless of whether or not that is actually the route you traveled.
- 4.b** Details:
 - Expense Type: Select an expense type from the drop-down menu. An explanation of expense is REQUIRED if "Other: Job Related Expense" or "Other: Travel Expense" is selected.
 - Details: Provide a description of the expense. If you are claiming per diem, **please note that the first and last travel day are paid at 75%**. Also, travel from 12-24 hours is TAXABLE. Per diem rates vary depending on location. See the [IRS website](#).
 - Date: Provide the transaction date of the expense.
 - **Payment Method:** Select a payment method from the drop-down menu. **BE SURE to be accurate** here, as an erroneous selection can cause expensive and complicated delays in processing.
 - Amount: Provide a dollar amount (in USD) of the expense.

Section Five: CERTIFICATION & PREPARATION INFORMATION

- 5.a** Traveler's Certification: The employee is required to read the Traveler's Certification and sign and date the form.
- 5.b** Funding Acct. Admin Sig: Funding account administrator must authorize use of funds.
- 5.c** Admin Initials: The admin should review for errors and initial before submission.
- 5.d** Supervisor's Signature: Employee's supervisor must sign and date the form.
- 5.e -g** Complete as indicated.

CONTACT INFORMATION: SPHHS Dean's Business Center

Campus Address: 118 Arnold House
 Telephone #: (413) 545-4271
 Fax #: (413) 545-0501
 E-mail Address: bctr@schoolph.umass.edu
 For more information, please contact us or the [Travel Office](#).

Receipts

- **ORIGINAL RECEIPTS**
 - Original receipts are REQUIRED (with the exception of meals and tax receipts).
 - All receipts must be NEATLY and thoroughly taped to white, 8.5"x11" paper and paperclipped to the form.
- **LOST RECEIPTS**
 - If a photocopy of the lost receipt is available: submit photocopy with an explanation of the expense, detailing why the original receipt is unattainable. The explanation must be signed by the Employee and the Appointing Authority.
 - If the original receipt is lost and a photocopy is unattainable, then a [Missing Receipt Affidavit Form](#) OR a memorandum must be signed by the Employee and the Appointing Authority and include a complete explanation of the expense and the reason why the receipt is missing.
 - Please note: Forms submitted with photocopies of receipts and/or a Missing Receipt Affidavit Form may be considered taxable income.
- **HOTEL BILLS**
 - Must be original.
 - Must include listing of daily charges (not overall charge).
- **AIRLINE/TRAIN RECEIPTS**
 - In the event of a missing airline/train receipt (last page of ticket stub), a [Missing Receipt Affidavit Form](#) must be submitted with a copy of the travel agency's ticket copy. If a copy of the ticket is unattainable, a copy of the itinerary and one of the following must be included with the Missing Receipt Affidavit Form:
 - Original credit card charge slip.
 - Original credit card statement.
 - Cancelled check or other record of payment.
 - Please note: all agencies are required by the Airline Reporting Commission to keep copies of issued tickets.
- **ITINERARIES**
 - An itinerary is NOT an acceptable receipt.

Currency Conversion

- All reimbursements are made in US dollars.
- Foreign currencies are converted using the rates found at: <http://www.oanda.com/currency/converter/>.
- Reimbursements will be made using the currency rates that were in effect during the time period of the employee's travel.
- Please note: Use of the University's Corporate Travel Card eliminates the need to calculate international currency conversions and generally reflects favorable exchange rates.

Submitting the Packet and Supporting Documentation

- Submit the **original copy of the form** to the Dean's Business Center (118 Arnold House). Attach all relevant **supporting documents**:
- **Original receipts** for expenses in excess of \$25.00
 - **Map of mileage** (if applicable)
 - **Business Expense Form** (if applicable)
 - **Currency conversion print-out** (if applicable)
 - **Any other relevant documents**

Please submit your packet promptly! Delays in submission can cause **delays in reimbursement** as well as **late fees on travel cards**. Submissions that are over 120 days late are also **taxable**.

Reimbursement timeframe: We try to process your request as soon as reasonably possible. It will appear as an addition to your paycheck approximately 2 weeks after we submit it to the Controller's Office.