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.)

15. **Service Dates:** Dates Covered by Voucher - From: date trip began; i.e., month/day/year To: date trip ended; i.e., month/day/year

16. **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