



The University of Texas Rio Grande Valley Travel Voucher Form

Introduction - This Inter Campus Mileage form is used for the travel reimbursement of mileage to and from any of the current UTB, UTPA and UTRGV department offices locations for the conducting of official University business.

Use one form per destination.

Fields on page one of the form are labeled with numbers 1-22. Fields on page two of the form are labeled A-Y.

The Traveler and his department should complete the following fields:

- 6 **Document date** - the first date of travel.
 - 10 **Pay to** - the Traveler's Name, address, city and zip code
 - 11 **Title** - the title of the Traveler
 - 12 **Designated Headquarters** - Traveler's office location's city.
 - 13 **Employee identification number** - this is the traveler's employees identification number
 - 14 **Project number**- the 9 digit project number that will pay the travel expenses
Project name - the name or title of the project
Requisition number - from iShop number
 - 16 **Service date** - the first date and last date of the travel
 - 17 **Description** - a brief description of the business purpose of the trip
 - 18 **Distribution** - There are several fields in this section that should be filled in directly, and the rest fill in automatically from information entered in other places. The Tab moves to the fields that need to be filled in only. Fill them in for in-state and/or out-of-state as appropriate
 - ★ Fares, Public Transportation- fill in Taxi, Air Fare, and Rental Car. The amount column will compute automatically
 - ★ Parking- fill in parking in the amount column
 - ★ Incidental Expenses- fill in incidental expenses, including the total in the amount column. Incidental expense includes any hotel tax.
- A,B If reporting in-state meals and lodging expense, enter the dates and times departure and arrival
- D,E Report meal and lodging amounts up to the allowable per diem. Hotel tax does not count as a lodging amount subject to the allowable per diem. It should be reported as an incidental expense.
- G,H Do not use the Actual Expense meals and lodging fields unless you are one of the few individuals the president has authorized for actual expense reimbursement, not subject to the per diem maximums.
- S,T Do not use the Actual Expense meals and lodging fields unless you are one of the few individuals the president has authorized for actual expense reimbursement, not subject to the per diem maximums.
- Y Record of transportation and duties performed- complete this day by day description of travel and duties performed, noting in-state and out of state personal vehicle mileage in the appropriate column.

Note: From the information completed in fields A through Y on page two, the remaining items in section 18 on page one will be completed automatically.

When all these fields are complete, print out the form for approval by the traveler and Account Manager on line 19. The department should retain a copy, and forward the original to accounts payable along with supporting documentation or scan and email a copy to accountspayable@utpa.edu.

1. Archive reference number	2. Agency number 746	3. Agency Name The University of Texas Rio Grande Valley				4. Current document number
	5. Effective date (Agency use)	6. Doc Date (First date of travel)	7. DOC Agency 746	8. FY	9. Document amount	

10. Pay to: (Name, address, city, state, ZIP Code)	11. Title
	12. Designated headquarters

13. EMPLOYEE IDENTIFICATION NUMBER	14. AGENCY USE: PROJECT NO.	PROJECT NAME	REQUISITION NUMBER
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15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
001	INVOICE NUMBER		PYMT DUE DATE	AGENCY USE: PROJECT NO.		REQ LINE NUMBER	P/F/N	BANK

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
002	INVOICE NUMBER		PYMT DUE DATE	AGENCY USE: PROJECT NO.		REQ LINE NUMBER	P/F/N	BANK

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
003	INVOICE NUMBER		PYMT DUE DATE	AGENCY USE: PROJECT NO.		REQ LINE NUMBER	P/F/N	BANK

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
004	INVOICE NUMBER		PYMT DUE DATE	AGENCY USE: PROJECT NO.		REQ LINE NUMBER	P/F/N	BANK

16. Service date (First and Last date of travel)	17. Description (Agency use only - Provide Full Name of Conference)	
From:	To:	

18. DISTRIBUTION

Expense itemization for in-state travel:	AMOUNT
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Fares, Public Transportation	Taxi	Airfare	Rental Car				
Personal car mileage	Miles @ (Rate set by Legislature)			.23			
Meals and / or Lodging	Meals	Lodging					
Incidental expense (itemize)	Parking	Registration	Hotel Tax				
	Gas Rental Car	Business Calls	* Other				
* Other Explanation							

Expense itemization for out-of-state travel:

Fares, Public Transportation	Taxi	Airfare	Rental Car				
Personal car mileage	Miles @ (Rate set by Legislature)			.575			
Meals and / or Lodging	Meals	Lodging					
Incidental expense (itemize)	Parking	Registration	Hotel Tax				
	Gas Rental Car	Business Calls	* Other				
* Other Explanation							

19. I certify that the expense account shown above is true, correct, and unpaid

Claimant	Date	Supervisory (Account Manager)	Date
sign here		sign here	

20. Contact name Account Payable	Phone (Area code and number) (956) 665-2707	21. Entered by
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22. Approval here Agency sign	Title Travel Reimbursement Clerk	Date
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22. Approval here Agency sign	Title Accts. Payable Manager	Date
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IN-STATE MEALS AND LODGING										
A. Leave Headquarters		B. Arrived Headquarters		C. Partial meals not to exceed \$36	D. Meals not to Exceed Flat Rate	E. Lodging not to exceed Flat Rate	F. TOTAL	G. Meals	H. Lodging	I. TOTAL
Date	Hours / Min / M	Date	Hours / Min / M							
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				Sub-Total						
TOTAL MEALS NON OVERNIGHT				j. NA	Total Meals & Lodging	K.	Total Actual Expense		I.	

OUT-OF-STATE MEALS AND LODGING							ACTUAL EXPENSES			
M. Leave Headquarters		N. Arrived Headquarters		O. Partial meals not to exceed \$26	P. Meals not to exceed Flat Rate	Q. Lodging not to exceed Flat Rate	R. TOTAL	S. Meals	T. Lodging	U. TOTAL
Date	Hours / Min / M	Date	Hours / Min / M							
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				NA						
				Sub-Total						
TOTAL MEALS NON OVERNIGHT				V. NA	Total Meals & Lodging	W.	Total Actual Expense		X.	

Date	y. INFORMATION REQUIRED BY THE STATE OF TEXAS TRAVEL ALLOWANCE GUIDE RECORD OF TRANSPORTATION AND DUTIES PERFORMED	In-State Mileage Point to Point	Out-of-State Mileage Point to Point
		TOTAL	

* Show point-to-point breakdown, including intra-city mileage claims

Use additional form or a "CONTINUATION SHEET," if addition space is needed.