

# Travel Expense Report Instructions

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## GENERAL

- 1) Yellow areas can be updated.
- 2) White areas are protected and cannot be updated.
- 3) The protected cells are formulas which accumulate dollars or data from other cells.
- 4) Protected formula cells are:
  - <--A Total line for miles and mileage reimbursement.
  - <--B Total lines for each day of travel expense.
  - <--C Total lines for each category of travel expense.
  - <--D Total Expense Amount - adds totals from miscellaneous, airfare, mileage, tolls, registration and daily expense lines.
  - <--E Advances - sums amounts entered in the accounting entry section for advances.
  - <--F Due Traveler - calculates total expenses less advances. If this amount is negative (amount owed LSUHSC), enter this amount in the due LSUHSC cell and the due traveler amount will be adjusted.
  - <--G Enter the PeopleSoft Chart String and Account into the 1<sup>st</sup> available line under the Chart String heading.
  - <--H Dollar amounts from expense categories - will be totaled in the appropriate account code. Amounts manually entered into the "Second Chart String" group will be deducted from the corresponding "First Chart String" group.

You must forward the original hard copy of the expense report with all approvals and original receipts to the Travel section of Supply Chain Management for reimbursement.

# Expense Report Instructions

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## SPECIFIC

State of Louisiana Office of State Travel web site:

[Http://doa.louisiana.gov/osp/osp.htm](http://doa.louisiana.gov/osp/osp.htm)

1. Travel Expense Voucher Number
  - A. This is a tracking number similar to the preprinted Travel Voucher Number used in the legacy system. The reference number must be formatted as follows for PeopleSoft:  
TV/Department Number/4 digit sequential of your choice  
Example: TV1651000A001 (Travel Voucher A001 from Accounting Services Department number 1651000)
2. Traveler Vendor #
  - A. Enter the traveler's 9 digit vendor number found in PeopleSoft
  - B. In PeopleSoft: Vendors>Vendor Information>Add/Update>Find an Existing Value
  - C. Set ID to LSUNE, tab down to name 1 and enter full name or tab down to short name and enter last name (If last name gives no results, enter first name)
  - D. Click on search and scroll down to find your Name & Vendor number
3. Traveler
  - A. Enter the traveler's first and last name
4. Department
  - A. Enter the traveler's home department where the reimbursement check is to be distributed
5. Department Location
  - A. Enter the building name and city where traveler is assigned  
(I.e. CSRB, New Orleans).
6. Destination #1 and #2
  - A. Enter each terminal destination for this trip as indicated on the Prior Approval for Travel
  - B. This item must agree with the prior approval form
7. Purpose of Trip
  - A. Provide a brief explanation of the trip's purpose. (Example: To attend conference sponsored by, to meet with, etc.)



8. Departure/Arrival Time
  - A. Enter the time in which the traveler was officially on travel status. Example: Travel status begins when the traveler leaves home if traveler does not first report to his/her work domicile. Travel status ends when the traveler arrives home if traveler does not report to his/her work domicile.
  - B. Departure and arrival times for the first and last day of travel are required by the State Travel Regulations and are used to determine eligibility for reimbursements
9. Miscellaneous
  - A. Enter expense items not provided in the travel voucher categories
  - B. Provide full explanation and original itemized receipts
  - C. Examples: Equipment storage and handling
  - D. Refer to the state travel guide under "Other Expenses"
10. Car Rental
  - A. Enter the reimbursable amount for motor vehicle rental
  - B. Attach the original itemized rental agreement and payment receipt
  - C. Refer to the state travel guide under "other expenses"
11. Airfare
  - A. Enter the departure city, terminal city and the amount. If a portion of the airfare expense is for personal travel, the amount should be identified on the itinerary and deducted from the reimbursement request.
  - B. Tickets must be purchased through the designated State Contract Travel Agency and can be state contract or lowest logical airfares
  - C. The original passenger receipt and the original itinerary provided by the state contract travel agency are required documentation
  - D. Refer to the state travel guide under "Method Of Transportation" and "Contract Airfares" for available flights and travel agencies.
12. Mileage
  - A. Enter the automobile odometer readings in the "from" miles and "to" miles cell. The difference will be calculated and multiplied by the per mile rate.
  - B. If mileage is from a log and covers multiple travel dates, enter zero in the "from" cell and the total log miles in the "to" cell and attach the original log document. Mileage can also be reimbursed for travel from home to the airport if air is the primary mode of transportation

- C. Odometer readings or a [MapQuest](#) print out are required by State Travel Regulations.
  - D. Refer to the State Travel Guide under "motor vehicle-personally owned vehicles"
13. Tolls
- A. Enter the reimbursement amount
  - B. Original itemized receipts are required for each transaction over \$5
  - C. Refer to the state travel guide under "Other Expenses"
14. Registration Fees
- A. Enter the reimbursement amount even if the registration fee was paid in advance by LSUHSC. If paid in advance, enter the amount again in the "advance section of the travel voucher.
  - B. Attach the original paid receipt or canceled check if registration was paid by the traveler
  - C. The formal agenda and/or program is required by the State Travel Regulations and is used to determine eligibility for meal and lodging reimbursement.
  - D. Refer to the state travel guide under "Other Expenses"
15. Dates of Travel
- A. Enter first day MM/DD/YY format and remaining days will be automatically Incremented
  - B. If you do not want the formula to calculate the additional days, simply enter the dates desired in each line.
16. Meals
- A. Enter the reimbursement amount for each meal for each day of travel
  - B. Meal reimbursement limits are listed in the State Travel Guide
  - C. Receipts are not required but each meal must be individually listed
  - D. Meals included in the conference registration fee should be excluded from this section
  - E. Eligibility for meal reimbursement on the first and last day of travel is determined by departure and arrival times reported in the Departure and Arrival Times section of the Expense Report
  - F. Refer to the State Travel Guide under "Lodging And Meals" to determine which meals are reimbursable on the first and last day of travel



17. Lodging
  - A. Enter the reimbursement amount for each day of travel
  - B. Lodging reimbursement limits are listed in the State Travel Guide
  - C. Lodging expenses for more than one day prior to conference start date and one day after conference end date are generally not reimbursable. Provide a justification if traveler has exceeded these parameters
  - D. Actual lodging expenses can be reimbursed if justified and approved in advance on the Travel Prior Approval Form
  - E. Attach the original itemized receipt
  - F. Conference lodging rates must be supported by a meeting agenda and/or program
  - G. Refer to the State Travel Guide under "Lodging And Meals" to determine reimbursement limits
18. Limo/Taxi/Bus
  - A. Enter the reimbursement amount for each day of travel
  - B. Original itemized receipts are required for each transaction over \$15
  - C. Refer to the State Travel Guide under "Public Ground Transportation"
19. Car Storage
  - A. Enter the reimbursement amount for each day of travel
  - B. Original itemized receipts are required for each transaction over \$5
  - C. Refer to the State Travel Guide under "Other Expenses"
20. Phone Calls
  - A. Enter the reimbursement amount and attach original itemized receipts
  - B. Identification of the purpose is recommended
  - C. Refer to the State Travel Guide under "Other Expenses"
21. Baggage Tips
  - A. Enter the reimbursable amount for each day of travel
  - B. Reimbursement is limited to \$3 per hotel check-in and check-out; \$3 for the airport outbound departure trip; and \$3 for the airport inbound departure trip
  - C. Refer to the State Travel Guide under "Other Expenses"
22. Advances
  - A. Enter each advance received in the designated "Advance Amount Cell"
  - B. The worksheet will automatically adjust the refund total
23. Due Traveler/Due LSUHSC

- A. If the traveler is due a reimbursement, the amount will be automatically calculated and placed in the "Due Traveler" cell as a positive amount
  - B. If LSUHSC is due a refund from the traveler the amount will be automatically calculated and placed in the "Due Traveler" cell as a negative amount. Enter this amount into the "Due LSUHSC" cell.
24. First PeopleSoft Chart String
- A. Enter the first LSUHSC Chart String which will fund this travel
25. Second PeopleSoft Chart String
- A. Enter the second LSUHSC Chart String which will fund this travel
26. First Account
- A. Enter the first LSUHSC six digit PeopleSoft account code to define the type of travel
    - 521000 - In State Administrative
    - 521100 - In State Conference and Convention
    - 521200 - In State Field
    - 522000 - Out of State Administrative
    - 522200 - Out of State Conference and Convention
    - 522200 - Out of State Field
    - 523000 - International
    - 555001 - Honorarium - Visitors to Campus
27. Second Account
- A. Enter the second LSUHSC six digit PS account code to define the type of travel
28. Dept Traveler Point Of Contact
- A. Enter name of person to call if travel has questions about this voucher
  - B. Enter dept point of contact's telephone number
29. Worksheet Save
- A. Save this worksheet as the travel voucher number

**LSUHSC - NEW ORLEANS**

**TRAVEL EXPENSE VOUCHER #**

**TV1651000A001**

**TRAVELER VENDOR #:** 500212890

**TRAVELER:** John Traveler

**DESTINATION #1:** Shreveport, LA

**DEPARTMENT:** Accounting Services

**DESTINATION #2:**

**DEPARTMENT LOCATION:** Resource Bldg, New Orleans

**PURPOSE OF TRIP:** Attend Regional Health Care Planning Meeting

|                         |                  |                 |                 |                 |                        |
|-------------------------|------------------|-----------------|-----------------|-----------------|------------------------|
| <b>DEPARTURE TIME :</b> | <b>FIRST DAY</b> | <b>06:30 AM</b> | <b>LAST DAY</b> | <b>06:00 PM</b> | <b>TOTAL EACH LINE</b> |
| <b>ARRIVAL TIME :</b>   | <b>FIRST DAY</b> | <b>08:30 AM</b> | <b>LAST DAY</b> | <b>08:00 PM</b> |                        |

**MISCELLANEOUS** 3 3.00

**CAR RENTAL** 250 250.00

**TRANSPORTATION:**

**AIRFARE** FROM TO

**MILEAGE** FROM 1000 TO 1150 150 0.52 78.00

**TOLLS** 25 25.00

**REGISTRATION FEES:** 125.00 125.00

| DATES OF TRAVEL | MEALS        |              |              | LODGING       | LIMO TAXI BUS | CAR STORAGE  | PHONE CALLS | BAG. TIPS   |                 |
|-----------------|--------------|--------------|--------------|---------------|---------------|--------------|-------------|-------------|-----------------|
|                 | BKFAST       | LUNCH        | DINNER       |               |               |              |             |             |                 |
| 07/01/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 1.00        | 1.00        | 139.00          |
| 07/02/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 0.00        | 1.00        | 138.00          |
| 07/03/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 0.00        | 1.00        | 138.00          |
| 07/04/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 0.00        | 1.00        | 138.00          |
| 07/05/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 0.00        | 1.00        | 138.00          |
| 07/06/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 1.00        | 1.00        | 139.00          |
| 07/07/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 0.00        | 1.00        | 138.00          |
| 07/08/08        | 6.00         | 8.00         | 12.00        | 80.00         | 25.00         | 6.00         | 0.00        | 1.00        | 138.00          |
| <b>TOTALS</b>   | <b>48.00</b> | <b>64.00</b> | <b>96.00</b> | <b>640.00</b> | <b>200.00</b> | <b>48.00</b> | <b>2.00</b> | <b>8.00</b> | <b>1,106.00</b> |

|   |            |                        |          |
|---|------------|------------------------|----------|
| I certify that the expenses claimed             | <b>AMT</b> | <b>TOTAL EXPENSE</b>   | 1,587.00 |
| this voucher were incurred for LSUHSC business. | 100        | <b>LESS: ADV TOTAL</b> | 100.00   |
|   |            | <b>DUE TRAVELER</b>    | 1,487.00 |
|   |            | <b>DUE LSUHSC</b>      | 0.00     |

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_ Empl ID \_\_\_\_\_

| PS ACCOUNT           | FUND | DEPTID  | PROGRAM | CLASS | PROJECT    | TYPE     | AMOUNT          |
|----------------------|------|---------|---------|-------|------------|----------|-----------------|
| 534000               | 111  | 1651000 | 51000   | 10105 | 149200115A | EXPENSES | 1,484.00        |
| 534010               | 111  | 1651000 | 51000   | 10105 | 149200115A | MILEAGE  | 53.00           |
| 534020               | 111  | 1651000 | 51000   | 10105 | 149200115A | AIRFARE  | (50.00)         |
| 534000               | 113  | 1492000 | 10001   | 10105 | 149200025A | EXPENSES | 25.00           |
| 534010               | 113  | 1492000 | 10001   | 10105 | 149200025A | MILEAGE  | 25.00           |
| 534020               | 113  | 1492000 | 10001   | 10105 | 149200025A | AIRFARE  | 50.00           |
| <b>TOTAL EXPENSE</b> |      |         |         |       |            |          | <b>1,587.00</b> |

**APPROVED** \_\_\_\_\_ **APPROVED** \_\_\_\_\_  
 Head of Department Dean or Administrative Head  
**DATE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Department Traveler Point of Contact to Clarify Claim Information:**  
**NAME:** Molly Johnson **TELEPHONE #:** 568-1010

|                                 |                                |                         |        |                                |
|---------------------------------|--------------------------------|-------------------------|--------|--------------------------------|
| <b>For Travel Dept Use Only</b> | <b>Date Received in Travel</b> | <b>Re-route To Dept</b> |        | <b>Date Reviewed in Travel</b> |
|                                 |                                | send                    | return | By:                            |
| <b>Audit Timeline</b>           |                                |                         |        |                                |
|                                 | Voucher #                      | Oper Id                 |        | Date Paid:                     |

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