

Guidelines to Completing Forms

Travel Authorization and Expense Report (TAER - Form 106) Estimated Expenses - Prior to traveling (at least 2 weeks prior to traveling)

Wayne State University
Detroit, MI 48202

Travel Authorization and Expense Report
Reference: APPM Section 7.0

EMPLOYEE STUDENT GUEST U.S. CITIZEN NON U.S. CITIZEN

1. PAYEE'S NAME: Penny Payme
ADDRESS: STREET: 1234 Woodward Ave
CITY: Detroit STATE: MI ZIP CODE: 48202

BANNER ID/SOC. SEC. NO.: 000123456

2. DATES OF DEPARTURE & RETURN: Nov 2-6, 2009

4. TAER NUMBER: TE- 155261

5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY: Attending Smith Research Conference

6. CONTACT FOR FURTHER INFORMATION: Sue Followup 7-9999

DATE DESCRIPTION	DATE EXPENSE							TOTAL ACTUAL EXPENSES	ESTIMATED EXPENSES
	SUN	MON	TUES	WED	THURS	FRI	SAT		
a. Breakfast (\$7.50 limit including tip)									
b. Lunch (\$10.00 limit including tip)									
c. Dinner (\$25.00 limit including tip)									
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)									212.50
e. Taxi and/or Shuttle Service									
f. Telephone (University Business)									
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips									
h. Lodging (actual expense or foreign per diem)									750.00
i. Other (attach explanation/receipts or enter foreign per diem)									

Traveler's Responsibilities

1. Select the appropriate Payee association with Wayne State University
2. Enter the Payee information
 - Enter the Payee's name
 - Banner ID or Social Security Number or write in Guest of WSU
 - Payee's complete mailing address
3. Enter the departure and return dates
4. Enter the Destination for the WSU travel
5. Enter a brief reason for the trip, any coverage provisions and any other remarks needing to be documented pertaining to this travel (plans to use the travel's private vehicle or riding with another employee/student in their vehicle, etc...)
6. Enter the name of the person to contact for additional information concerning this TAER
7. Enter the dates of travel under the corresponding day

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WAYNE STATE UNIVERSITY Detroit, MI 48202		Travel Authorization and Expense Report Reference: APPM Section 7.0		Document ID					
1. PAYEE'S NAME Penny Payne		BANNER ID/SOC. SEC. NO. 000123456		2. DATES OF DEPARTURE & RETURN Nov 2-6, 2009					
HOME ADDRESS: STREET 1234 Woodward Ave		CITY Detroit		STATE ZIP CODE MI 48202					
3. PLACES VISITED/ACCOMPANIED BY San Diego, CA				4. TAER NUMBER TE- 155261					
5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY (INDICATE IN WHAT MANNER, WHEN AND WHERE ACTIVITY IS TO BE PERFORMED. DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRUCTIONAL OR OTHER SERVICES DURING ABSENCE). Attending Smith Research Conference				6. CONTACT FOR FURTHER INFORMATION: (NAME, TELEPHONE NO., DEPT., EMAIL ADDRESS) Sue Followup 7-9999					
NISE DESCRIPTION		ACTUAL EXPENSE					TOTAL ACTUAL EXPENSES	ESTIMATED EXPENSES	
7. Fill in dates under days		SUN	MON 11-2	TUES 11-3	WED 11-4	THURS 11-5	FRI 11-6	SAT	
a. Breakfast (\$7.50 limit including tip)									
b. Lunch (\$10.00 limit including tip)									
c. Dinner (\$25.00 limit including tip)									
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)									212.50
e. Taxi and/or Shuttle Service			INCLUDED IN CONFERENCE FEE						
f. Telephone (University Business)									
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips									
h. Lodging (actual expense or foreign per diem)									750.00
i. Other (attach explanation/receipts or enter foreign per diem)									
j. Rental Car									
k. Auto Mileage (attach log if monthly mileage only)			# OF MILES:	X	CENTS PER MILE				
l. Conference Fee - If prepaid, attach copy of SPA and note number:			EARLY REIMBURSEMENT				350.00	350.00	
m. Transportation: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> EMPLOYEE PAID			EARLY REIMBURSEMENT				487.00	487.00	

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Traveler's Responsibilities

8. Enter Estimated Expense Totals for those expenses that will be incurred during the trip.
 - Do not included any expenses that are covered by the conference fee
 - If using private automobile in lieu of public transportation is approved, the reimbursement for meals, lodging and other expenses are limited to the dollar amount that is required during the normal air travel time.
- d) Meals
- e) Taxi and or Shuttle Services
- f) Telephone
- g) Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips
- h) Lodging
- i) Other
- j) Car Rental
- k) Mileage
- l) Conference Fee - If prepaid by an SPA record the SPA number & attach a copy of the SPA and enter prepayment amount
- m) Transportation- check the mode of transportation and enter the estimated amount

NOTE:

- The designated travel agency is committed to provide preliminary exploratory information and assistance for all types of services (airlines, hotels, motels, rental cars, etc.) required for planning any projected trip. Do not hesitate to use this agency to formulate plans and make reservations far in advance of the actual travel date.
- Notate any expenses that are included in another expense (example: shuttle service is included in the conference fee)

Guidelines to Completing Forms

Travel Authorization and Expense Report (TAER - Form 106) Estimated Expenses - Prior to traveling (at least 2 weeks prior to traveling) Early Reimbursement

WAYNE STATE UNIVERSITY		Travel Authorization and Expense Report		Document ID					
Reference: APPM Section 7.0		Banner ID/SOC. SEC. NO.		2. DATES OF DEPARTURE & RETURN					
1. PAYEE'S NAME Penny Payne		000123456		Nov 2-6, 2009					
HOME ADDRESS: STREET 1234 Woodward Ave		CITY Detroit		STATE MI ZIP CODE 48202					
3. PLACES VISITED/ACCOMPANIED BY San Diego, CA		4. TAER NUMBER TE- 155261							
5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY (INDICATE IN WHAT MANNER, WHEN AND WHERE ACTIVITY IS TO BE PERFORMED, DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRUCTIONAL OR OTHER SERVICES DURING ABSENCE). Attending Smith Research Conference		6. CONTACT FOR FURTHER INFORMATION: (NAME, TELEPHONE NO., DEPT., EMAIL ADDRESS) Sue Followup 7-9999							
7. Fill in dates under days		ACTUAL EXPENSE		ESTIMATED EXPENSES					
	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL ACTUAL EXPENSES	ESTIMATED EXPENSES
a. Breakfast (\$7.50 limit including tip)		11-2	11-3	11-4	11-5	11-6			
b. Lunch (\$10.00 limit including tip)									
c. Dinner (\$25.00 limit including tip)									
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)									212.50
e. Taxi and/or Shuttle Service		INCLUDED IN CONFERENCE FEE							
f. Telephone (University Business)									
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips									
h. Lodging (actual expense or foreign per diem)									750.00
i. Other (attach explanation/receipts or enter foreign per diem)									
j. Rental Car									
k. Auto Mileage (attach log if monthly mileage only)									
l. Conference Fee - If prepaid, attach copy of SPA and note number:								EARLY REIMBURSEMENT 350.00	350.00
m. Transportation: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> EMPLOYEE PAID								EARLY REIMBURSEMENT 487.00	487.00
16. TRAVEL AUTHORIZATION AND APPROVAL OF ESTIMATED EXPENSES - SIGNATURE/DATE <i>Anthony... 9-25-09</i>	8. TOTAL EXPENDITURES								1799.50
	9. Less: Prepaid items		EARLY REIMBURSEMENT		-		837.00		
	10. Total Expenditure less prepaid items								

Traveler's Responsibilities

9. You may be eligible for Early Reimbursement if prepayments of airfare, lodging and or hotel deposits, registration fees and conference fees were made by personal credit card so far in advance that the credit card statement is received 15 days or more prior to the approved travel date. Whenever possible combine your early reimbursement requests for airfare, lodging, registration fees and conference fees into one pre-trip TAER.

On the original TAER:

- Note 'Early Reimbursement' on the appropriate expense lines being requested for early reimbursement
- Enter the associated expense amounts in the Total Actual Expenses column
- Enter total of Prepaid items
- Attached copies of supporting documentation (Credit Card Statements, identify the corresponding charge, Conference Brochure to support cost, Airline Receipt or Internet Invoice/Receipt etc...)

NOTE: Early Reimbursement Request: In order to secure better rates, receive discounts, or insure hotel accommodations a traveler who pays for airfare, registration fees, and/or hotel deposits on a credit card so far in advance that they receive their credit card statement 15 days before their travel may be eligible for early reimbursement of such credit card charges. Whenever possible, please combine your early reimbursement request for airfare, conference fees, and or hotel deposits into one pre-trip TAER.

Guidelines to Completing Forms

Travel Authorization and Expense Report (TAER - Form 106)

Estimated Expenses - Prior to Traveling (at least 2 weeks prior to traveling)

WAYNE STATE UNIVERSITY Travel Authorization and Expense Report Reference: APPM Section 7.0										Document ID	
1. PAYEE'S NAME Penny Payne					BANNER ID/SOC. SEC. NO. 000123456			2. DATES OF DEPARTURE & RETURN Nov 2-6, 2009			
HOME ADDRESS: STREET 1234 Woodward Ave					CITY Detroit			STATE MI		ZIP CODE 48202	
3. PLACES VISITED/ACCOMPANIED BY San Diego, CA					4. TAER NUMBER TE- 155261						
5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY (INDICATE IN WHAT MANNER, WHEN AND WHERE ACTIVITY IS TO BE PERFORMED. DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRUCTIONAL OR OTHER SERVICES DURING ABSENCE) Attending Smith Research Conference					6. CONTACT FOR FURTHER INFORMATION: (NAME, TELEPHONE NO., DEPT., EMAIL ADDRESS) Sue Followup 7-9999						
7. Fill in dates under days										TOTAL ACTUAL EXPENSES	ESTIMATED EXPENSES
	SUN	MON	TUES	WED	THURS	FRI	SAT				
a. Breakfast (\$7.50 limit including tip)		11-2	11-3	11-4	11-5	11-6					
b. Lunch (\$10.00 limit including tip)											
c. Dinner (\$25.00 limit including tip)											
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)											212.50
e. Taxi and/or Shuttle Service			INCLUDED IN CONFERENCE FEE								
f. Telephone (University Business)											
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips											
h. Lodging (actual expense or foreign per diem)											750.00
i. Other (attach explanation/receipts or enter foreign per diem)											
j. Rental Car											
k. Auto Mileage (attach log if monthly mileage only)											
l. Conference Fee - If prepaid, attach copy of SPA and note number:										350.00	350.00
m. Transportation: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> EMPLOYEE PAID										487.00	487.00
16. TRAVEL AUTHORIZATION AND APPROVAL OF ESTIMATED EXPENSES - SIGNATURE/DATE <i>Authorized Signature 9-25-09</i>										8. TOTAL EXPENDITURES	
17. ENCUMBRANCE COMPLETED IN BANNER PRIOR TO TRAVEL RESERVATIONS - SIGNATURE/DATE <i>Penny Payne 9-25-09</i>										9. Less: Prepaid items	
18. APPROVAL OF ACTUAL EXPENSES IN EXCESS OF ESTIMATED EXPENSES - SIGNATURE/DATE <i>Penny Payne 9-23-09</i>										10. Total Expenditures less prepaid items	
20. ACCOUNT DISTRIBUTION / ENCUMBRANCE										11. Less: Travel advance	
										12. Less: Reimbursement from other sources	
										13. Less: Employee's share or expenditure	
										14. Amount Owed WSU - (See Travel Procedure 3 on back of form). Attach check or indicate Cashiers Receipt No.	
										15a. Reimbursement Amount (See Travel Procedure 2)	
										15b. AMOUNT APPROVED	
										1799.50	
										1799.50	
										1799.50	

Traveler's Responsibilities

10. Enter Total of all the Estimated Expenses
11. Enter the total of all Prepaid Items
12. Enter total of all reimbursements from other sources
13. Enter total of all Employee's share or expenditures
14. Enter Amount Approved (Total Expenditures - Reimbursements from other sources - Employee's share or expenditures)
15. Payee must sign and date the TAER confirming the accuracy of the information
16. Make a copy of TAER for your file and forward the original TAER and all supporting documentation to department head, chair or director for approval.

NOTE:

- Upon receipt of approved TAER, order travel tickets from the University's authorized travel agency. Inform the travel agency first that this is official University business travel; give the traveler's name and the TAER number (preprinted five digit number) on the properly approved Travel Authorization and Expense Report.
- Traveler must complete the TAER with actual expenses within 15 days of returning from travel

Travel Authorization and Expense Report (TAER - Form 106)

Estimated Expenses - Prior to traveling (at least 2 weeks prior to traveling)

WAYNE STATE UNIVERSITY Detroit, MI 48202							Travel Authorization and Expense Report Reference: APPM Section 7.0							Document ID			
1. PAYEE'S NAME Penny Payne							BANNER ID/SOC. SEC. NO. 000123456							2. DATES OF DEPARTURE & RETURN Nov 2-6, 2009			
HOME ADDRESS: STREET 1234 Woodward Ave							CITY Detroit							STATE MI		ZIP CODE 48202	
3. PLACES VISITED/ACCOMPANIED BY San Diego, CA							4. TAER NUMBER TE- 155261										
5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY (INDICATE IN WHAT MANNER, WHEN AND WHERE ACTIVITY IS TO BE PERFORMED, DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRUCTIONAL OR OTHER SERVICES DURING ABSENCE). Attending Smith Research Conference							6. CONTACT FOR FURTHER INFORMATION: (NAME, TELEPHONE NO., DEPT., EMAIL ADDRESS) Sue Followup 7-9999										
NISE DESCRIPTION							ACTUAL EXPENSE							ESTIMATED EXPENSES			
7. Fill in dates under days							SUN							TOTAL ACTUAL EXPENSES		ESTIMATED EXPENSES	
a. Breakfast (\$7.50 limit including tip)							MON 11-2										
b. Lunch (\$10.00 limit including tip)							TUES 11-3										
c. Dinner (\$25.00 limit including tip)							WED 11-4										
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)							THURS 11-5									212.50	
e. Taxi and/or Shuttle Service							FRI 11-6										
f. Telephone (University Business)																	
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips																	
h. Lodging (actual expense or foreign per diem)																750.00	
i. Other (attach explanation/receipts or enter foreign per diem)																	
j. Rental Car																	
k. Auto Mileage (attach log if monthly mileage)							# OF MILES: X							CENTS PER MILE			
l. Conference Fee - If prepaid, attach copy							number: EARLY REIMBURSEMENT							350.00		350.00	
m. Transportation: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> EMPLOYEE PAID							EARLY REIMBURSEMENT							487.00		487.00	
16. TRAVEL AUTHORIZATION AND APPROVAL OF ESTIMATED EXPENSES - SIGNATURE/DATE <i>Authorized Signature 9-25-09</i>							8. TOTAL EXPENDITURES							1799.50			
17. ENCUMBRANCE COMPLETED IN BANNER PRIOR TO TRAVEL RESERVATIONS - SIGNATURE/DATE <i>Mary Encumbrance 9-25-09</i>							9. Less: Prepaid items							EARLY REIMBURSEMENT - 837.00			
18. CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THIS STATEMENT ARE CORRECT AND PROPER CHARGES INCURRED ON WSU OFFICIAL BUSINESS. <i>Penny Payne 9-23-09</i>							10. Less: Prepaid items										
19. APPROVAL OF ACTUAL EXPENSES IN EXCESS OF ESTIMATED EXPENSES - SIGNATURE/DATE							11. Less: Advance										
							12. Less: Reimbursement from other sources										
							13. Less: Employee's share or expenditure										
							14. Amount Owed WSU - (See Travel Procedure 3 on back of form). Attach check or indicate Cashiers Receipt No.										
							15a. Reimbursement Amount (See Travel Procedure 2)										
							15b. AMOUNT APPROVED							1799.50			
							DUE DATE							NET \$		INVOICE DATE	
														DIST/ENC CODE		LIQ	
20. ACCOUNT DISTRIBUTION / ENCUMBR					PLEATED BY DEPARTMENT												
INDEX	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT										
124721	111170	03A1	7712	46			1799.50										

Department Responsibilities

17. Review the TAER and supporting documentation for accuracy and completeness:

- a) Approve TAER by entering the full account distribution information and signing for approval.
- b) If not approved return to traveler with explanation for corrective action

18. If approved enter the encumbrance into Banner and record the encumbrance information (Index, Fund, Organization, Account, Program and Location) on the TAER

19. Identify the person who entered the encumbrance and the date

20. Documentation distribution:

- Provide a copy of the approved TAER to the traveler and or Student Center and Program Activities Office
- For Early Reimbursements - Forward a copy of the TAER along with all the supporting documents to Disbursements.
- Original TAER is retained by department for completion upon return from the authorized trip.
- File original TAER until trip is completed

Guidelines to Completing Forms

Guidelines to Completing Forms

Travel Authorization and Expense Report (TAER - Form 106) Actual Expenses (must be completed 15 days of returning from trip)

WAYNE STATE UNIVERSITY
Detroit, MI 48202

Travel Authorization and Expense Report
Reference: APPM Section 7.0

Document ID

EMPLOYEE STUDENT GUEST U.S. CITIZEN NON U.S. CITIZEN

1. PAYEE'S NAME: Penny Payme
HOME ADDRESS: STREET: 1234 Woodward Ave, CITY: Detroit, STATE: MI, ZIP CODE: 48202

2. DATES OF DEPARTURE & RETURN: Nov 2-6, 2009

3. PLACES VISITED/ACCOMPANIED BY: San Diego, CA

4. TAER NUMBER: TE- 155261

5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY: Attending Smith Research Conference

6. CONTACT FOR FURTHER INFORMATION: Sue Followup 7-9999

DESCRIPTION	ACTUAL EXPENSES							TOTAL ACTUAL EXPENSES	ESTIMATED EXPENSES	
	SUN	MON	TUES	WED	THURS	FRI	SAT			
a. Breakfast (\$7.50 limit including tip)		0	7.00	7.50	7.50	7.50				
b. Lunch (\$10.00 limit including tip)		7.50	8.50	9.00	10.00	9.50				
c. Dinner (\$25.00 limit including tip)		15.80	0	22.50	25.00	16.00				
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)		23.30	15.50	39.00	42.50	33.00	153.30	212.50		
e. Taxi and/or Shuttle Service		INCLUDED IN CONFERENCE FEE								
f. Telephone (University Business)										
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips										
h. Lodging (actual expense or foreign per diem)		150	150	150	150		600.00	750.00		
i. Other (attach explanation/receipts or enter foreign per diem)										
j. Rental Car										
k. Auto Mileage (attach log if monthly mileage only)										
l. Conference Fee - If prepaid, attach copy of SPA and note number: EARLY REIMBURSEMENT							350.00	350.00		
m. Transportation: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> EMPLOYEE PAID							EARLY REIMBURSEMENT 487.00	487.00		
16. TRAVEL AUTHORIZATION AND APPROVAL OF ESTIMATED EXPENSES - SIGNATURE/DATE	8. TOTAL EXPENDITURES: 1590.30 9. Less: Prepaid items EARLY REIMBURSEMENT: - 837.00 10. Total Expenditures less prepaid items: 753.30 11. Less: Travel advance: - 12. Less: Reimbursement from other sources: - 13. Less: Employee's share or expenditure: - 14. Amount Owed WSU - (See Travel Procedure 3 on back of form). Attach check or indicate Cashiers Receipt No. 15a. Reimbursement Amount (See Travel Procedure 3): 753.30 15b. AMOUNT APPROVED: 1799.50									
17. ENCUMBRANCE COMPLETED IN ADVANCE PRIOR TO TRAVEL. RESERVATIONS - SIGNATURE/DATE: Mary Encumbrance 9-25-09	18. I CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THIS STATEMENT ARE CORRECT AND PROPER CHARGES INCURRED ON WSU OFFICIAL BUSINESS. Penny Payme 9-23-09									
19. APPROVAL OF ACTUAL EXPENSES IN EXCESS OF ESTIMATED EXPENSES - SIGNATURE/DATE	20. ACCOUNT DISTRIBUTION / ENCUMBRANCE CODE INFORMATION (MUST BE COMPLETED BY DEPARTMENT)									
INDEX	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION				
124721	111170	03A1	7712	46						
124721	111170	03A1	7712	46		-1046.20				

Traveler's Responsibilities

- Enter the Total Expenditures (sum of Total Actual Expenses lines 7d thru 7m)
- Enter total of all Prepaid Items and or Early Reimbursements (conference fees, airfare etc...)
- Enter the Total Expenditures less prepaid items (difference between line 8 and line 9)
- Enter the Travel Advance amount if received for this approved trip
- Enter the total of all Reimbursements from other sources
- Enter the total of all Employee's Share or Expenditure
- Calculate the sum of Total Expenditures less prepaid items, less Travel Advance, less Reimbursements from other sources, less Employee's share or expenditures. (Line 10 less Lines 11-13)
 - If less than zero enter the Amount Owed WSU on line 14 and make a deposit of the amount owed and attach the receipt.
 - If greater than zero enter the Reimbursement Amount on line 15a

Guidelines to Completing Forms

Travel Authorization and Expense Report (TAER - Form 106) Actual Expenses (must be completed 15 days of returning from trip)

WAYNE STATE UNIVERSITY Detroit, MI 48202		Travel Authorization and Expense Report Reference: APPM Section 7.0						Document ID	
1. PAYEE'S NAME Penny Payme		BANNER ID/SOC. SEC. NO. 000123456		2. DATES OF DEPARTURE & RETURN Nov 2-6, 2009					
HOME ADDRESS: STREET 1234 Woodward Ave		CITY Detroit		STATE MI		ZIP CODE 48202			
3. PLACES VISITED/ACCOMPANIED BY San Diego, CA				4. TAER NUMBER TE- 155261					
5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY (INDICATE IN WHAT MANNER, WHEN AND WHERE ACTIVITY IS TO BE PERFORMED, DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRUCTIONAL OR OTHER SERVICES DURING ABSENCE) Attending Smith Research Conference				6. CONTACT FOR FURTHER INFORMATION: (NAME, TELEPHONE NO., DEPT., EMAIL ADDRESS) Sue Followup 7-9999					
DESCRIPTION	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL ACTUAL EXPENSES	ESTIMATED EXPENSES
7. Fill in dates under days		11-2	11-3	11-4	11-5	11-6			
a. Breakfast (\$7.50 limit including tip)		0	7.00	7.50	7.50	7.50			
b. Lunch (\$10.00 limit including tip)		7.50	8.50	9.00	10.00	9.50			
c. Dinner (\$25.00 limit including tip)		15.80	0	22.50	25.00	16.00			
d. Total Daily Meals (actual expenses not to exceed \$42.50 limit or foreign per diem)		23.30	15.50	39.00	42.50	33.00		153.30	212.50
e. Taxi and/or Shuttle Service		INCLUDED IN CONFERENCE FEE							
f. Telephone (University Business)									
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips									
h. Lodging (actual expense or foreign per diem)		150	150	150	150			600.00	750.00
i. Other (attach explanation/receipts or enter foreign per diem)									
j. Rental Car									
k. Auto Mileage (attach log if monthly mileage only)		# OF MILES:		X		CENTS PER MILE			
l. Conference Fee - If prepaid, attach copy of SPA and note number:		EARLY REIMBURSEMENT						350.00	350.00
m. Transportation: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> BUS <input type="checkbox"/> TRAVEL AGENCY <input type="checkbox"/> EMPLOYEE PAID		EARLY REIMBURSEMENT						487.00	487.00
16. TRAVEL AUTHORIZATION AND APPROVAL OF ESTIMATED EXPENSES - SIGNATURE/DATE								1590.30	1799.50
17. ENCUMBRANCE COMPLETED IN BANNER PRIOR TO TRAVEL RESERVATION - SIGNATURE/DATE									
18. I CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THIS STATEMENT ARE CORRECT AND PROPER CHARGES INCURRED ON WSU OFFICIAL BUSINESS									
19. APPROVAL OF ACTUAL EXPENSES IN EXCESS OF ESTIMATED EXPENSES - SIGNATURE/DATE									
8. TOTAL EXPENDITURES								1590.30	1799.50
9. Less: Prepaid items								837.00	
10. Total Expenditures less prepaid items								753.30	
11. Less: _____									
12. Less: _____ from other sources									
13. Less: Employee's share or expenditure									
14. Amount Owed WSU - (See Travel Procedure 3 on back of form). Attach check or indicate Cashiers Receipt No.									
15a. Reimbursement Amount (See Travel Procedure 2)								753.30	
15b. AMOUNT OWED WSU									1799.50
20. ACCOUNT DISTRIBUTION / ENCUMBRANCE CODE INFORMATION (MUST BE COMPLETED BY DEPARTMENT)									
INDEX	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT		
124721	111170	03A1	7712	46			1799.50		
124721	111170	03A1	7712	46			-1046.20		

Department Responsibilities

11. Review TAER and supporting documentation to authorize total expenses in excess of estimated expenses

a) Enter the full account distribution information and sign for approval.

b) If not approved return to traveler with an explanation of corrective action

12. If excess travel expenses are approved determine if an adjusting encumbrance entry is required

a) An adjustment to the original encumbrance is necessary if the actual total expense exceed the encumbered approved estimated expenses by \$50 or more

• Enter the encumbrance adjustment into Banner

• Record the adjustment encumbrance information (Index, Fund, Organization, Account, Program and Location) on the TAER

• Identify the person who entered the adjustment and the date of the adjusting entry

b) No adjustment to the original encumbrance is necessary if the actual total expenses do not exceed the encumbered estimated expenses by \$50

13. Forward the approved original TAER and all supporting documentation to Disbursements