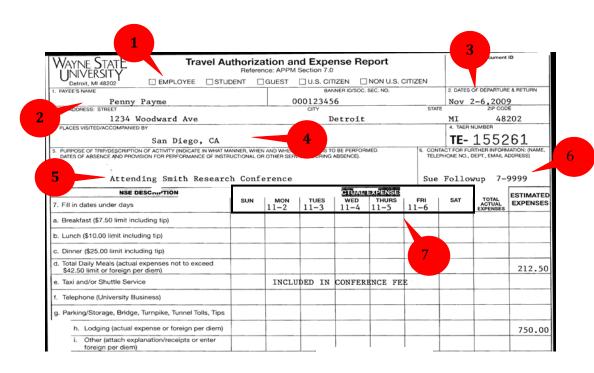
Travel Authorization and Expense Report (TAER - Form 106)

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



- 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

Travel Authorization and Expense Report (TAER - Form 106)

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

WAYNE STATE Travel Aut			d Expe Section 7.0	nse Re	port			Document	ID .
Detroit, MI 48202 EMPLOYEE STUD	ENT 🗆	GUEST	U.S. CIT	IZEN 🗆	NON U.S. C	ITIZEN			
1. PAYEE'S NAME		T	BAN	NER ID/SOC. S	SEC. NO.		2. DATES 0	OF DEPARTURE	& RETURN
Penny Payme		00	0012345	6			Nov 2	2-6,2009)
HOME ADDRESS: STREET			CITY			STATE		ZIP COD	E
1234 Woodward Ave			D	etroit			MI		202
3. PLACES VISITED/ACCOMPANIED BY							4. TAER N		
San Diego, CA							TE-	1552	61
5. PURPOSE OF TREPOSSORPTION OF ACTIVITY INDICATE IN WHAT MAD DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRU- Attending Smith Research	ICTIONAL OR	OTHER SERV			IED.	TELER		DEPT., EMAIL A	
NSE DESCRIPTION				P	XPENSE				
7. Fill in dates under days	SUN	мон 11-2	TUES 11-3	WED 11-4	THURS 11-5	FRI 11-6	SAT	TOTAL ACTUAL EXPENSES	EXPENSES
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		INCLU	DED IN	CONFERE	NCE FE	5 "			
f. Telephone (University Business)									
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips									
h. Lodging (actual expense or foreign per diem)									750.00
 Other (attach explanation/receipts or enter foreign per diem) 									
j. Rental Car									
k. Auto Mileage (attach log if monthly mileage only) >	# OF MI	LES:		×	CENTS P	ER MILE		
I. Conference Fee - If prepaid, attach copy of SPA	and note	number:	H		EIMBURS			350.00	350.00
m. Transportation: XX AIR RAIL	BUS [TRAVEL	AGENCY	☐ EMP	LOYEE PAIL	EARLY REIMBU	RSEMEN'	r 487.00	487.00

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)

- 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
 - 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

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

WAYNE STATE Travel Authorization and Expense Report I INIVERSITY Reference: APPM Section 7.0										
Detroit, MI 48202 EMPLOYEE STU	DENT [GUEST	U.S. CIT	IZEN 🗌	NON U.S. C	ITIZEN				
1. PAYEE'S NAME	2. DATES OF DEPARTURE & RETURN									
Penny Payme		0	0012345	6				2-6,2009		
HOME ADDRESS: STREET			CITY			STATE		ZIP COD	E	
1234 Woodward Ave			D	etroit			MI		202	
3. PLACES VISITED/ACCOMPANIED BY							4. TAER	NUMBER		
San Diego, CA							TE-	1552	61	
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). 6. CONTACT FOR FURTHER INFORMATION OF TRUE PHONE IN THE PROVIDED OF THE PROV										
·										
Attending Smith Researc	h Confe	erence				Sue	Follo	wup 7-9	9999	
NSE DESCRIPTION				et il rom	EXPENSE	'				
7. Fill in dates under days	SUN	MON 11-2	TUES 11-3	WED 11-4	THURS 11-5	FRI 11-6	SAT	TOTAL ACTUAL EXPENSES	EXPENSES	
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		INCLU	DED IN	CONFER	ENCE FEI	5 '				
f. Telephone (University Business)										
g. Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips										
h. Lodging (actual expense or foreign per diem)									750.00	
 Other (attach explanation/receipts or enter foreign per diem) 					9					
j. Rental Car										
k. Auto Mileage (attach log if monthly mileage on	ly) -	# OF MI	LES:		х	CENTS PE	R MILE			
I. Conference Fee - If prepaid, attach copy of SP	A and note	number:	F		EIMBURS			350.00		
	BUS	TRAVEL	AGENCY	☐ EMP	PLOYEE PAIL	EARLY REIMBUR	RSEMEN	1487.00	487.00	
 TRAVEL AUTHORIZATION AND APPROVAL OF ESTIMATED EXPENSES - SIGNATURE/DATE 	8. TO	TAL EXPEN	IDITURES						1799.50	
Othoria Shareton 9.25.11	9. Les	s: Prepaid	items I	EARLY R	EIMBURS	EMENT		837.00		
(InThomas Seans Fine 9-25-11)	10 Total	al Evonodita	irae laee nr	anaid itams			I			

Traveler's Responsibilities

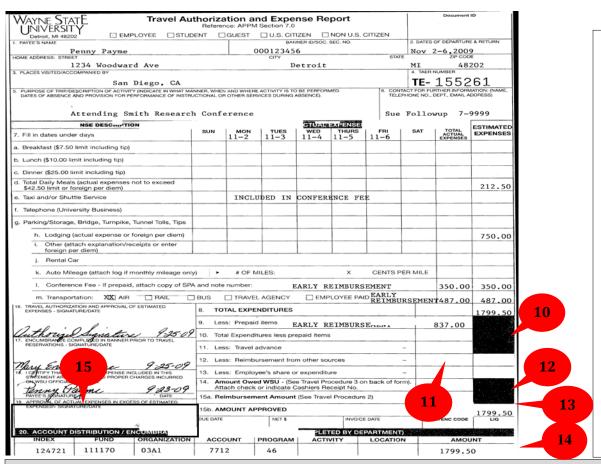
9. You may be eligible for Early Reimbursement if prepayments of airfare, lodging and or hotel deposits, registration fees and conference fees were made by personal credit card so far in advance that the credit card statement is received 15 days or more prior to the approved travel date. Whenever possible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

On the original TAER:

- a) Note 'Early Reimbursement' on the appropriate expense lines being requested for early reimbursement
- b) Enter the associated expense amounts in the Total Actual Expenses column
- c) Enter total of Prepaid items
- d) 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: <u>Early Reimbursement Request:</u> 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)



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 STA	Æ		Decument ID								
Detroit, MI 4820	I ⊡ EMP	LOYEE STUD	ENT [GUEST	U.S. CIT			. CITIZEN			
PAYEE'S NAME						INER ID/SOC.	SEC. NO.			OF DEPARTUR	
OME ADDRESS: STREE	Penny Payme				00012345 CITY	6		STATE	Nov	2-6,200	9
	1234 Woodwar	d Ave		-	D	etroit			MI		202
PLACES VISITED/ACC										NUMBER	0.01
PURPOSE OF TRIP/O	San ESCRIPTION OF ACTIVITY	Diego, CA	NNER WHEN	AND WAIER	E ACTIVITY IS TO	BE PERFORM	MED.	6. CONTA		1552	MATION: (NAME,
DATES OF ABSENCE	AND PROVISION FOR PE	REORMANCE OF INSTRU	CTIONAL OF	OTHER SER	RVICES DURING	ABSENCE).	neo.	TELEP	HONE NO.,	DEPT., EMAIL A	DDRESS)
			a							-	
	Attending Sm		Confe	erence		and the same of	0.0004	. '	FOLLO	wup 7-	9999
	NSE DESCRIPTIO	DN	SUN	MON	TUES	WED	THURS		SAT	TOTAL	ESTIMATED EXPENSES
Fill in dates unde	er days			11-2	11-3	11-4	11-5	11-6		ACTUAL EXPENSES	EXPENSES
Breakfast (\$7.50	limit including tip)										
Lunch (\$10.00 li	mit including tip)										
	imit including tip)										
	s (actual expenses r oreign per diem)	not to exceed									212.50
Taxi and/or Shut				INCL	UDED IN	CONFER	ENCE F	EE			
Telephone (Univ	ersity Business)										
Parking/Storage	e, Bridge, Turnpike,	Tunnel Tolls, Tips									
h. Lodging	(actual expense or f	foreign per diem)									750.00
i. Other (at	tach explanation/red	ceipts or enter									
j. Rental C											
	eage (attach log if n	nonthly milea		# OF !	MILES:		x	CENTS PE	R MILE	1	
			7a								+
	nce Fee - If prepaid,			number:		EARLY R				350.00	350.00
m. Transpor			BUS	TRAVE	L AGENCY	☐ EMP	PLOYEE PA	AID EARLY REIMBUR	SEMEN	1487.00	487.00
EXPENSES - SIGNA	ATION AND APPROVAL O TURE/DATE	F ESTIMATED	8. TO	TAL EXPE	NDITURES						1799.50
			9. Les	qi	d items	EARLY R	EIMBUR	SEMENT		837.00	
Luthound	Signatus OMPLESED IN BANNER P	1.25.09	10.	19	ures less pr					-37.100	
RESERVATIONS - SI	OMPLEDED IN BANNER P	RIOR TO TRAVEL			advance						
		_	Lei						-		
Mary Ency	mbranze	9-25-09	12. Les	s: Reimb	ursement fro	m other so	urces		-		
STATEMENT ARE CO	L ITEMS OF EXPENSE INC ORRECT AND PROPER C	CLUDED IN THIS HARGES INCURRED			yee's share o						
ON WSU OFFICIAL	BUSINESS.		14. Am	ount Owe	ed WSU - (Se c or indicate (e Travel Pro Cashiers Re	ocedure 3 eceipt No.	on back of form	n).		
PAYEE'S SGNATUR	AYMC UAL EXPENSES IN EXCE	DATE			nent Amoun			re 2)			
 APPROVAL OF ACT EXPENSES'- SIGNA 	TUAL EXPENSES IN EXCE NTURE/DATE	SS OF ESTIMATED	15b. AM	OUNT A	PPROVED						THE REAL PROPERTY.
			DUE DATE		NET \$		INVO	CE DATE	DI	ST/ENC CODE	1799.50
20. ACCOUNT D	DISTRIBUTION / EN	Commences				- 51-		EPARTMENT)	September 1		
INDEX	FUND	ORGANIZATION	ACCC	DUNT	PROGRAM	ACTI		LOCATION	N. COLUMN	AMO	JNT
124721	111170	03A1	771	2	46					1799.5	0
	-								-		
						-					
					L						

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 <u>Early Reimbursements</u> 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

Travel Authorization and Expense Report (TAER - Form 106)

Actual Expenses (must be completed 15 days of returning from trip)

WAYNE STATE Travel Author Indiversity	orization a			port	·		Document	ID
Detroit, MI 48202 STUDEN	T GUEST	U.S. CIT	IZEN 🗌	NON U.S.	CITIZEN			
. PAYEE'S NAME		BAN	INER ID/SOC.	SEC. NO.		2. DATES	OF DEPARTUR	E & RETURN
Penny Payme		00012345	6				2-6,200	
HOME ADDRESS: STREET		CITY			STATE		ZIP COD	- 1
1234 Woodward Ave		D	etroit			MI	48	202
3. PLACES VISITED/ACCOMPANIED BY						4. 0.4		
San Diego, CA						TE-	1552	261
5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY INDICATE IN WHAT MANNED DATES OF ABSENCE AND PROVISION FOR PERFORMANCE OF INSTRUCTIC Attending Smith Research (ONAL OR OTHER SE	RVICES DURING	D BE PERFORI ABSENCE).	MED.	TELEP	HONE NO.,	RTHER INFORM DEPT., EMAIL A	DORESS)
DESCRIPTION			ACTUAL	EXPENSES	;			ESTIMATED
7. Fill in dates under days	3UN MON 11-2	11-3	WED 11-4	THURS 11-5	FRI 11-6	SAT	TOTAL ACTUAL EXPENSES	EXPENSES
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	INCI	UDED IN	CONFERI	ENCE FE	E			
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
h. Lodging (actual expense or foreign per diem) i. Other (attach explanation/receipts or enter foreign per diem) j. Rental Car k. Auto Mileage (attach log if monthly mileage only) i. Conference Fee - If prepaid, attach copy of SPA and m. Transportation: XXI AIR RAIL BU								
j. Rental Car								
k. Auto Mileage (attach log if monthly mileage only)	# OF	MILES:		×	CENTS PE	R MILE		
Conference Fee - If prepaid, attach copy of SPA and	d note number:	E		EIMBURS			350.00	
m. Transportation: XXX AIR RAIL BU	JS TRAVI	L AGENCY	☐ EMP	LOYEE PA	DEARLY REIMBUR	RSEMEN	1487.00	487.00

NOTE:

Auto Mileage Expenses:

- If using private vehicle 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.
- Mileage should not include from home to work, this mileage is considered commuter miles. Use the standard mileage rate allowed by the Internal Revenue Service, the current rate is displayed in the APPM. For calendar year 2010 the rate is 50 cents per mile.
- For reimbursement of monthly mileage by WSU the Monthly Mileage Log Report must be properly completed and attached to the TAER. Monthly mileage must be submitted by the end of the following month.

Traveler's Responsibilities

- 1. Enter the actual meal expenses (breakfast, lunch and dinner) for each day and enter the sum total in the Total Actual Expenses column.
 - 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.
- 2. Enter the actual expenses for each day and the sum total in the associated Total Actual Expense column:
 - e) Taxi/Shuttle Services
 - f) Telephone
 - g) Parking/Storage, Bridge, Turnpike, Tunnel Tolls, Tips
 - h) Lodging
 - i)Other
 - j) Rental Car
 - k) Auto Mileage
 - 1) Conference Fees
 - m) Transportation

Receipts and or supporting authorized documentation must be attached for all expenses claimed for lines 7h through 7m

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

WAYNE STA	ΔŢĘ	Travel Au			nd Expe		port			Document	ID	1
UNIVERSIT	Y NO EME	PLOYEE STUE			U.S. CIT		NON U.S	CITIZEN				i
. PAYEE'S NAME	02 2 2 2 1 1 1	COTEC	YEI41	Juocai		INER ID/SOC.		OTTILLIT	2. DATES	OF DEPARTUR	E & RETURN	1
	Penny Payme			0	0012345	6			Nov 2	2-6,200	9	i
OME ADDRESS: STRE	_{ет} 1234 Woodwar	d Arra			CITY			STATE	MI	ZIP COD	202	1
PLACES VISITED/ACC		d Ave				etroit			4. TAER I		202	ı
	San	Diego, CA							TF-	1552	61	ı
PURPOSE OF TRIP/D DATES OF ABSENCE	ESCRIPTION OF ACTIVITY AND PROVISION FOR PE	Y (INDICATE IN WHAT MA	NNER, WHEN	N AND WHERE R OTHER SERV	ACTIVITY IS TO	BE PERFORI ABSENCE).	MED.	6. CONT. TELEF	ACT FOR FU	RTHER INFORM DEPT., EMAIL A	MATION: (NAME, ADDRESS)	
	Attending Sm	ith Researc	h Conf	erence				Sue	Follow	wup 7-	9999	1
	DESCRIPTIO	ON.					EXPENSES				ESTIMATED	ı
. Fill in dates und	er days		SUN	MON 11-2	TUES 11-3	WED 11-4	THURS 11-5	FRI 11-6	SAT	TOTAL ACTUAL EXPENSES	EXPENSES	1
Breakfast (\$7.50	limit including tip)			0	7.00	7.50	7.50	7.50				1
Lunch (\$10.00 li	imit including tip)			7.50	8.50	9.00	10.00	9.50				ı
	limit including tip)			15.80	0	22.50	25.00	16.00				ı
Total Daily Meal \$42.50 limit or f	ls (actual expenses r foreign per diem)	not to exceed		23.30	15.50	39.00	42.50	33.00		153.30	212.50	ı
Taxi and/or Shu	ttle Service			INCLU	DED IN	CONFER	NCE FE	E				ı
Telephone (Univ	versity Business)											ı
Parking/Storage	e, Bridge, Turnpike,	Tunnel Tolls, Tips										1
h. Lodging	(actual expense or f			150	150	150	150			600.00	750.00	ı
h. Lodging i. Other (at foreign p j. Rental C	tach explanation/red er diem)	ceipts or enter										1
j. Rental C	Car											1
k. Auto Mil	eage (attach log if m	nonthly mileage only	n >	# OF M	ILES:		×	9	MILE			Ι.
I. Confere	nce Fee - If prepaid,	attach copy of SPA	and note	number:	E	ARLY R	EIMBURS	EN 4		350.00	350.00	1 4
m. Transpor	rtation: XX AIR	RAIL [BUS	☐ TRAVEL	AGENCY	☐ EMP	LOYEE PAI	DEAL REIMBU	FMEN	T487.00	487.00	
TRAVEL AUTHORIZA EXPENSES - SIGNA	ATION AND APPROVAL OF	F ESTIMATED	8. TO	TAL EXPEN	NDITURES			KIDITIBO	1	90.30	1799.50	
2	0 0.		9. Les	s: Prepaid	items E	ARLY R	EIMBURS	EMENT		837.00	1777130	
Luthour	ed Signa	ture 9-25-0	10. Tota	al Expendite	ures less pre					753.30		И,
. ENCUMBRANCE CO RESERVATIONS - S	OMPLETED IN SANNER PI	RIOR TO TRAVEL	-	s: Travel a	dvance			5				
Mary Ence	imbrance	-104.20			rsement from	n other co-	IFC BE		_			_
Mary Ener	umbrance	9-25-09									7	
STATEMENT ARE O	LITEMS OF EXPENSE INC ORRECT AND PROPER C	LUDED IN THIS HARGES INCURRED			ee's share o				-			
ON WSU OFFICIAL	RUSINESS. Daymu	9-23-09			I WSU - (Secondary) Frindicate C			n back of forr	n).			
PAYEE'S SK NATUR	REC	DATE	15a. Rei	mburseme	ent Amount	(See Trave	Procedure	0		753.30		
EXPENSES SIGNA	UAL EXPENSES IN EXCESTURE/DATE	SS OF ESTIMATED	15h AM	OUNT APP	PROVED			0.		733.30		8
			DUE DATE	CONT. AFT	NETS		INVO	9a	Die	T/ENC CODE	1799.50	
		5					iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				Liq	
	DISTRIBUTION / EN							PARTMENT)				
124721	111170	ORGANIZATION 03A1	771		PROGRAM	ACTIV	/ITY	LOCATION		9b		
124721		-			46	-						
124721	111170	03A1	771	.2	46					-1046.20	0	
									-			
r4/09/	ORIGINAL: V	oucher Copy - Retain	Permanenti	У	COP	Y: Originatin	g Dept Det	tach and Retain	n One Year			_

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

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

WAYNE STA	WAYNE STATE Travel Authorization and Expense Report Reference: APPM Section 7.0													
UNIVERSI Detroit, MI 4821	IΥ ₀₂ ΣΚΙΕΜΕ	PLOYEE	STUE			U.S. CIT		NON U.S.	CITIZEN					
PAYEE'S NAME					T	BAN	2. DATES	2. DATES OF DEPARTURE & RETURN						
HOME ADDRESS: STRE	Penny Payme					00012345	Nov 2-6,2009							
ı	1234 Woodwar	d Ave					etroit		STAT	MI		202		
3. PLACES VISITED/ACC										4. TAER	4. TAER NUMBER			
	San	Diego,	CA							TE-	1552	61		
5. PURPOSE OF TRIP/D DATES OF ABSENCE	ESCRIPTION OF ACTIVIT AND PROVISION FOR PE	Y (INDICATE II ERFORMANCE	OF INSTRU	NNER, WHE UCTIONAL C	N AND WHER IR OTHER SEF	E ACTIVITY IS TO RVICES DURING	BE PERFORI ABSENCE).	MED.	6. CONT	PHONE NO.,	RTHER INFORM DEPT., EMAIL A	IATION: (NAME, DDRESS)		
	Attending Sm	nith Re	searc	h Conf	erence				Sue	Follo	wup 7-	9999		
	DESCRIPTION	DN)			-		THURS		SAT	TOTAL	ESTIMATED		
7. Fill in dates und	er days			SUN	11-2	11-3	WED 11-4	11-5	FRI 11-6	SAT	TOTAL ACTUAL EXPENSES	EXPENSES		
a. Breakfast (\$7.50	limit including tip)				0	7.00	7.50	7.50	7.50					
b. Lunch (\$10.00 li	mit including tip)				7.50	8.50	9.00	10.00	9.50					
c. Dinner (\$25.00 i					15.80	0	22.50	25.00	16.00					
d. Total Daily Meal \$42.50 limit or f	s (actual expenses i oreign per diem)	not to exce	ed		23.30	15.50	39.00	42.50	33.00		153.30	212.50		
e. Taxi and/or Shu	ttle Service				INCL	UDED IN	CONFER	NCE FE	Ė					
f. Telephone (Univ														
	e, Bridge, Turnpike,	Tunnel Toll	s, Tips		_						-			
h. Lodging	(actual expense or t				150	150	150	150			600.00	750.00		
foreign p	tach explanation/re- er diem)	celpts or el	nter								-			
j. Rental C	ar													
h. Lodging i. Other (at foreign p j. Rental C k. Auto Mili	eage (attach log if n	nonthly mik	eage only	y) >	# OF N	VILES:		×	CENTS P	ER MILE				
I. Conferer	nce Fee - If prepaid,	, attach co	py of SPA	and note	e number:	I		EIMBURS			350.00	350.00		
		RAI		BUS	☐ TRAVE	L AGENCY	☐ EMP	LOYEE PAI	DEARLY REIMBU	RSEMEN	1487.00	487.00		
16. TRAVEL AUTHORIZA EXPENSES - SIGNA	ATION AND APPROVAL O TURE/DATE	F ESTIMATED		8. TC	TAL EXPE	NDITURES				15	90.30	1799.50		
	2 /			9. Le:	ss: Prepaid	ditems F	ARLY R	EIMBURS	EMENT		837.00			
authour	ed Signa	ture ?	9-25-6	10. Tot	tal Expendi	tures less pr			DILLDI'I		753.30			
17. ENCUMBRANCE CO RESERVATIONS - SI	OMPLETED IN ANNER P	RIOR TO TRA	rent		ss: Travel	advance								
Mary Ence	merance /	- 104	4.20	12. Le	ss: Reimbi	ursement fro	n other so	urces		_ 1	0a			
18. I CERTIFY THAT ALL	LITEMS OF EXPENSE INCORRECT AND PROPER C	CLUDED IN TH	25-09		ss: Employ	yee's share o	r expenditi	ire		_				
STATEMENT ARE CO	ORRECT AND PROPER C BUSINESS.	_		14. An	nount Owe	d WSU - (Se	e Travel Pro	cedure 3 or	n back of for	m).	T			
PAYEE'S SIGNATUR	ayne	" DA	13-09 TE			or indicate C ent Amount			2)		752 22			
19. APPROVA OF ACT EXPENSES SIGNA	UAL EXPENSES IN EXCESTURE/DATE	SS OF ESTIMA	ATED		OUNT AP		,				753.30	1.006		
				DUE DATE		NET \$		INVOICE	DATE	DIS	ST/ENC CODE	1799.50 LIQ		
20. ACCOUNT D	ISTRIBUTION / EN	CUMBRA	NCE CO	DE INFO	RMATION	(MUST BE	COMPLET	ED BY DE	PARTMENT					
INDEX	FUND	ORGANIZ				PROGRAM	ACTI		LOCATION		AMOU	NT		
124721	111170	03A1		771	2	46				_	1799.5	0		
124721	111170	03A1		77	12	46					-1046.20)		
106 (4/09)	ORIGINAL: V	Joucher Cop	y - Retain	Permanen!	tly	COP	Y: Originatin	g Dept Det	tach and Retai	in One Year				

- 10. Determine if reimbursement amount exceeds the approved estimated expenses
 - a. If the Total Actual Expenses do not exceed the approved estimated expenses, the TAER does not require further approval. Attach all supporting documentation and forward to Disbursements and send a copy to the department.
 - b. If the Total Actual Expenses <u>exceed</u> the approved estimated expenses send TAER and all supporting documentation to Department Head, Chair or Director for approval.

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

WAYNE STATE	ravel Au			nd Expe	nse Re	port			Document	ID
Detroit, MI 48202 SI EMPLOYE	E STUD	ENT [GUEST	U.S. CIT			CITIZEN			
1. PAYEE'S NAME			T	BAN	2. DATES OF DEPARTURE & RETURN					
Penny Payme HOME ADDRESS: STREET				00012345	6		STAT	Nov	2-6,200	9 E
1234 Woodward A	7e			0111	etroit		JIAI	MI		202
										61
San Die 5. PURPOSE OF TRIP/DESCRIPTION OF ACTIVITY (INDIX		NINER WITCH	I AND WATER	E ACTIVITY IS TO	DE DEDECOR	HED	6. CON		1552	ATION: (NAME.
5. PURPOSE OF TRIPPOESCRIPTION OF ACTIVITY (INDX DATES OF ABSENCE AND PROVISION FOR PERFORM. Attending Smith	IANCE OF INSTRU	ICTIONAL OF	R OTHER SER	VICES DURING	ABSENCE).	med.	TELE	PHONE NO.,	wup 7-	DORESS)
	Research	Cont	erence					FOIIO	wup /-	,,,,
DESCRIPTION		SUN	MON	TUES	WED WED	THURS	FRI	SAT	TOTAL	ESTIMATED
7. Fill in dates under days		3014	11-2	11-3	11-4	11-5	11-6		ACTUAL EXPENSES	EXPENSES
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		10.00	9.50			
c. Dinner (\$25.00 limit including tip)			15.80	0	22.50	-	16.00			
d. Total Daily Meals (actual expenses not to \$42.50 limit or foreign per diem)	exceed		23.30	-	39.00		33.00		153.30	212.50
e. Taxi and/or Shuttle Service			INCL	UDED IN	CONFER	NCE FE	E		-	
f. Telephone (University Business)				-			-		-	
g. Parking/Storage, Bridge, Turnpike, Tunne			-	-					-	
h. Lodging (actual expense or foreign i. Other (attach explanation/receipts	-		150	150	150	150	-		600.00	750.00
									-	
j. Rental Car						x	OFNITC 2	ED MILE		
R. Acto Willeage (attach log il filorich			# OF N				CENTS P	ER MILE	250 55	
I. Conference Fee - If prepaid, attac				L AGENCY		LOYEE PA	EARLY		350.00	350.00
16. TRAVEL ALITHORIZATION AND APPROVAL OF ESTIM						LOTEL PA	REIMBU		1487.00	487.00
EXPENSES - SIGNATURE/DATE				NDITURES				15	90.30	1799.50
1240. 0 8. 4	0.00		s: Prepaid	E		EIMBURS	EMENT		837.00	
17. ENCUMBRANCY COMPLETED IN ANNER PRIOR TO RESERVATIONS - SIGNATURE DATE	TRAYEL	10. Tota	al Expendi	tures less pre	epaid items				753.30	
Mary Encumbrance	1-12-09	11 Les	1	2a –				_		
Mary Encumbrance	9-25-04	12. Les	s: A	fron	n other sou	ırces		-		
18. I CEPTIFY THAT ALL ITEMS OF EXPENSE INCLUDED STATEMENT ARE CORRECT AND PROPER CHARGE		13. Les	s: Emplo	yee's share or	r expenditu	ire		-		
ON WSO OFFICIAL BOSINESS.	_	14. Am	ount Owe	or indicate C	e Travel Pro ashiers Re	cedure 3 o	n back of for	m).		
PAYEE'S SPANTURES 19. APPROVATOR ACTUAL EXPENSES IN EXCESS OF E	DATE			ent Amount			9 2)		753.30	
EXPENSES SIGNATURE/DATE		15b. AM		9						1799.50
9		DUE DATE		.1a		INVOICE	E DATE	DIS	ST/ENC CODE	LIQ
20. ACCOUNT DISTRIBUTION / ENCUM										
124721 111170 03	ANIZATION	771		PROGRAM 46	ACTIV	/ITY	LOCATION	'	1700 S	
	Al	771		46		-		-+-	1799.5	
124721 111170 03	***	,,,1	-						-1046.20)
						_		+		
106 (4/09) ORIGINAL: Vouche	Copy - Retain						tach and Reta			

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 <u>do not exceed</u> the encumbered estimated expenses by \$50
- 13. Forward the approved original TAER and all supporting documentation to Disbursements

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