

The University of North Carolina at Greensboro  
Travel Authorization/Expense Report

Shaded GRAY areas are for AP use only

**TRAVEL AUTHORIZATION**

Traveler's Name: Corey Potts	Univ. ID#: 888888888	UNCG EMPLOYEE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact Tel. No: 334-3507	Date Filed: 10/08/2021
Address: 507 Stirling Street, Greensboro, NC 24402	Are you a student? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship status: (Choose one) <input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien-Attach NRA001 w/req docs		Legal Permanent Resident-Attach Form I-551
Destination: Atlanta, GA	Description: <input checked="" type="checkbox"/> Official State Business <input type="checkbox"/> Academic Credit OR <input type="checkbox"/> Student Activity	Business Office Conference (Name of Conference)		Estimated Cost of Trip: \$200.00
Period Covered by this Voucher				
Leave Date:	Date you leave	Time Left:	Time you leave AM	Return Date:
				Day you get home
				Time Returned: time home AM

I have read and understand the University Travel Policies. (Travel Manual)  
I understand that travel reimbursements should be submitted to Accounts Payable within 30 days. Travel requests must be complete and accurate. Per IRS accountable plan guidelines, any travel reimbursement requests submitted 60 days or later after the return date will be taxable to the traveler. I understand my responsibility as a traveler for the University. In the event a travel advance is issued to me, I have read and understand the Travel Advance Loans Policy. If I fail to repay the travel advance loan, I agree that the University may deduct the amount of the advance from my next paycheck. (If international travel, please visit: UNCG Export Control)

I have read, understand, and approve this travel, including the amount to be advanced below.  
Fund: \_\_\_\_\_ Adv Loan Amount (To Traveler): \_\_\_\_\_

I approve lodging, registration fee and meals (for out of country travel only) in excess of the allowed rate, use of personal vehicle and /or airport parking for the trip described above as a necessary University expense. If traveler is student non-employee, also please attach completed TRV-S Agreement. (Cross out any above phrases that are not approved)

Sign your name \_\_\_\_\_ DATED BEFORE TRAVEL \_\_\_\_\_  
Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Department Head/Supervisor Signature \_\_\_\_\_ Supervisor/Advisor's Email Address DATED PRIOR TO TRAVEL \_\_\_\_\_  
Supv/Dean's Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**UNCG DIRECT PAYMENTS TO VENDOR(S) THRU A/P**

COA	Index/Fund Number(s)	Fund Initials	Air	Hotel	Registr	Attach original invoices	Amount(s)	Acct Codes
G								

DOCUMENT NUMBER: \_\_\_\_\_  
MULTIPLE  \_\_\_\_\_  
VENDOR NUMBER: \_\_\_\_\_

Invoice Date: (MMDDCCYY) \_\_\_\_\_  
Transaction Date: \_\_\_\_\_ Bank \_\_\_\_\_ CM \_\_\_\_\_ Due Date: \_\_\_\_\_

**REIMBURSEMENT OF EXPENSES PAID BY TRAVELER OR CHARGED TO PCARD**

Transportation:	Reimbursable Amounts (To be paid)	Out-of-				PCard	
		In-State	State	Country	Non-Employee	TXN No.	Amount
Air (attach receipt) =		223010	223020	223030	223220		
Bus/Rail (attach receipt) =		223040	223050	223060	223220		
Rental Car / Taxi (attach receipt) =		223040	223050	223060	223220		
<b>Mileage - Select Only One: (Unless using travel log)</b>							
Total Mileage x 56¢ =		223040	223050	223060	223220		
Total Mileage x 30¢ (for use w/ car allowance only) =		223040	223050	223060	223220		
<b>Subsistence:</b>							
Hotel _____ nights @ _____ =		223110	223120	223130	223320		
Breakfast _____ meals @ _____ =							
Lunch _____ meals @ _____ =							
Dinner _____ meals @ _____ =							
Total Meals =		223140	223150	223160	223320		
Registration (attach receipt/proof of payment) =		234510	234520	234530	223320		
Other (attach explanation or use back of form) =		223170	223180	223190	223320		
						PCard Not Used - Fund Initials	
		Comments:					
<b>Total Travel Expenses to be Reimbursed</b>							
<b>Entertainment</b> (Attach receipt on reverse side. Describe who was entertained & business purposes of entertainment.)							
Non-State Fund to Charge for Entertainment _____ -221322							
Entertainment - Fund Holder's Initials _____							
Less Travel Advance Loan Received:							
<b>Total Due Traveler(UNCG):</b>							
						TRV-1 Form Completed by:	
						Print Name _____ Tel. No _____	

Under penalties of perjury I certify this is a true and accurate statement of my citizenship and of the lodging, expenses and allowances incurred in the services of the State.

I have examined this reimbursement request and certify that it is just, necessary and reasonable, and in compliance with University policies.

Sign your name \_\_\_\_\_ Dated AFTER travel \_\_\_\_\_  
Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Dept Head/Supervisor Signature and Email Address Dated AFTER Travel \_\_\_\_\_  
Supv/Dean's Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**Basic Procedure for Completing TRV-1; Travel Authorization/Expense Report**

If no travel advance loan or vendor payments are required:

- For travel involving an overnight stay, it is required that the traveler complete the TRAVEL AUTHORIZATION section of the form and obtain the proper approval(s) before the travel is to take place, even if no travel advance loan is requested. Retain this signed form until completion of travel.
- The REIMBURSEMENT OF EXPENSES PAID BY TRAVELER OR CHARGED TO PCARD section must be completed by the traveler upon completion of the trip and submitted to Accounting Services no more than 10 business days after the travel is complete.

**If a travel advance loan or vendor payments are required:**

- The TRAVEL AUTHORIZATION, FUND NUMBER and AMOUNT of ADVANCE and UNCG DIRECT PAYMENTS TO VENDOR(S) THRU AP sections must be completed. Please note that some registrations are due well in advance of the beginning of a conference. A **copy** of the form is to be sent to Accounts Payable at least 10 business days prior to travel, or 10 business days prior to any registration deadline, whichever is earliest.
- The REIMBURSEMENT OF EXPENSES PAID BY TRAVELER OR CHARGED TO PCARD section must be completed by the traveler upon completion of the trip and submitted to Accounting Services no more than 10 business days after the travel is complete.

**Completing the TRAVEL AUTHORIZATION SECTION:**

- Check the appropriate box for reason for travel. (Official State Business occurs when a University employee or other person is traveling to attend approved job related training, work, on behalf of, officially represent, or provide a state service upon the University's request. Academic Credit and Student Activity are for student use only.) For student travel authorized to be paid from state funds (see Travel Policy 8), advance approval of the Dean is required. Enter Description of reason for trip.
- If the travel is for a Non-Resident Alien, complete and attach a NRA001 form with required documentation. Legal residents must attach copy of Form I-551 (green card). If a tax treaty is claimed to exempt withholding taxes, call Accounts Payable for an IRS 8233 form. Only certain visa types are eligible to receive the benefit of the University paid travel.
- The worksheet below is to assist in the 'Estimated Cost of Trip' box. The 'Estimated Cost of Trip' should only be for amounts to be reimbursed by the University.

<b>Transportation:</b>	Air/Bus/Rail	=	
	Mileage	x	=
<b>Subsistence:</b>	Hotel	_____ nights @ _____	=
	Meals	_____ days @ _____	=
<b>Other:</b>	Registration	=	
	Other	=	
	<b>Total Expenses:</b>	=	<b>0.00</b>

Other Expenses (itemize):	Amount	Acct #
Carry this total to "Other" on front of form:	0.00	

**Completing the UNCG DIRECT PAYMENTS TO VENDOR(S) THRU A/P section:**

- If advance payment of airfare, registration, or other charges is required, complete the necessary items in this section and attach the appropriate invoices for payment. Send a **copy** of the partially completed form to Accounting Services for processing. The original should be kept by the traveler for completion at the end of the travel.

**Completing the REIMBURSEMENT OF EXPENSES PAID BY TRAVELER or CHARGED TO PCARD section:**

- Complete the transportation, lodging, registration and other expenses (ex: gas, parking, tolls, phone, etc.) of this form showing actual expenses. Fill in the amounts to be paid in the Reimbursable Amounts column and select the appropriate account code. Attach **original** receipts.
- Any 'other' expenses must either have an attached explanation/receipts or the explanation may be written in the Other Expenses section.
- List the six-digit fund(s) to be charged for the travel expense. Fill in amounts reimbursed. If the Supervisor's Signature at the bottom of the form is not the same as the fund holder for any six-digit fund listed, the fund holder must initial beside the fund number.
- Any entertainment expenses must be explained as to who was entertained and the business purpose of the entertainment, and itemized receipts must be attached. These expenses may not be charged against a state fund (11xxxx).
- Reconcile any amount due the traveler/amount due UNCG at the bottom of the section. If an amount is due UNCG, the amount should be in parenthesis and a check attached to the form for the amount due. **DO NOT SEND CASH.** Make check payable to UNCG.
- Fill in the TXN number(s) and amounts beside each transaction in the Pcard column. Attach **copies of the Pcard travel receipts.**
- Write the fund number and account number on the PCard receipts showing where the PCard expenses were charged.
- Any one time payments to purchase air transportation, hotel, registration or other should be submitted to Accounts Payable showing in the TXN number in the PCard column on the TRV-1. **If PCard was not used, fund holder must place initials in box.**
- Print name and date of person completing TRV-1 form.
- The completed form should be signed by the traveler and his/her supervisor and sent (with check if applicable) to **ACCOUNTS PAYABLE, 821 S. Josephine Boyd St.**

## Instructions to Complete TRV-1 Form

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All items must be completed by the department liaison or traveler.

If the traveler is a non-resident alien, attach NRA001 form with required documentation. Attach Form I-551 for Legal Permanent Resident.

### TRAVEL AUTHORIZATION SECTION

**TRAVELER'S NAME:**

Enter traveler's name.

**UNIVERSITY ID NUMBER:**

Enter traveler's University identification number.

**UNCG EMPLOYEE:**

Check appropriate box.

**TELEPHONE NUMBER:**

Enter the contact person's telephone number.

**DATED FILED:**

Enter date travel authorization is prepared.

**ADDRESS:**

Employee - enter campus address.

Non-Employee - enter home address.

**ARE YOU A STUDENT?:**

Check appropriate box.

**CITIZENSHIP STATUS:**

Check appropriate box.

**DESTINATION:**

Enter traveler's destination.

**DESCRIPTION:**

Check appropriate reason for travel. Enter brief description of travel. May abbreviate.

**ESTIMATED COST OF TRIP:**

Fill in estimated cost of trip not exceeding the expected reimbursement. Use worksheet on second page of TRV-1 Form for assistance.

**PERIOD COVERED BY THIS VOUCHER:**

Enter the begin and end dates and times of the proposed travel.

**TRAVEL ADVANCE LOAN:**

Enter fund number and loan amount of advance. (Only complete if requesting advance loan.)

**TRAVELER'S SIGNATURE:**

Traveler's signature and date signed.

**SUPERVISOR'S/DEAN'S SIGNATURE:**

Supervisor's or Dean's signature and date signed.

### UNCG DIRECT PAYMENTS TO VENDOR(S) THRU A/P SECTION

**INDEX/FUND NUMBER(S):**

Enter six digit fund number for each vendor payment. Fund Holder must initial each line.

**VENDOR NAME(S):**

Enter vendor name for each vendor on appropriate line - airfare, hotel and/or registration.

**AMOUNT(S):**

Enter amounts for each vendor payment.

**ACCOUNT CODE(S):**

Enter account codes for each vendor payment.

**REIMBURSEMENT OF EXPENSES PAID BY TRAVELER OR CHARGED TO PCARD SECTION:****TRANSPORTATION:**

Enter amount for transportation used. Enter TXN No. and Pcard Amount if Pcard was used to pay for transportation.

**MILEAGE:**

Enter total miles and total days traveled to compute average to determine appropriate mileage rate.

Enter Total Mileage based on miles per day.

**SUBSISTENCE:**Hotel:

Enter number of nights for hotel if appropriate. Enter TXN No. and Pcard Amount if Pcard was used to pay for hotel.

Meals:

Enter breakfast, lunch, and/or dinner meals and select appropriate in-state or out-of-state rate.

Registration:

Enter amount paid for registration. Enter TXN No. and Pcard Amount if Pcard was used to pay for registration.

Other:

Enter amounts of other items paid. Enter TXN No. and Pcard Amount if Pcard was used to for any other items.

**ENTERTAINMENT:**

Enter amount paid for entertainment. Fund Holder's must initial were appropriate.

**LESS TRAVEL ADVANCE:**

Enter travel advanced received if any.

**TOTAL DUE TO TRAVELER/UNCG:**

Enter amount if using uncalculated TRV-1 form.

**TRAVELER'S SIGNATURE:**

Traveler's signature and date signed.

**SUPERVISOR'S/DEAN'S SIGNATURE:**

Supervisor's or Dean's signature and date signed.