

Hawai'i Pacific University <del>Voluntary Funded</del> Travel Expense Reimbursement Form																
Traveler Name:			Banner ID#:			Destination:			Department Name:							
Purpose of Travel:																
Budgeted Expense?			<input type="checkbox"/> Yes <input type="checkbox"/> No			Sponsored Project?			<input type="checkbox"/> Yes <input type="checkbox"/> No			OSP approval? (attached travel approval form)				
Please fill in the Fund/ Organization/ activity (if applicable) that these charges should be charged to			Amount Requesting Reimbursement for													
			A	B	C	D	E	F	G	Fill in account code for other	Fill in account code for other	Fill in amount code for other				
			Airfare	Lodging	Conference fees	Car rental	Tolls, taxis, etc...	Meal	Enter- tainment							
Receipt #	Date from	Date to	Fund	Org#	Activity	731060	731070	728030	731050	731090	731080	729010	Account	Account	Amount	Total
1				180106												0.00
2				180106												0.00
3				180106												0.00
4				180106												0.00
5				180106												0.00
6				180106												0.00
7				180106												0.00
8				180106												0.00
9				180106												0.00
10				180106												0.00
11				180106												0.00
12				180106												0.00
13				180106												0.00
14				180106												0.00
15				180106												0.00
16				180106												0.00
17				180106												0.00
18				180106												0.00
19				180106												0.00
20				180106												0.00
Total by Account/ other:						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00
												Advances received:				
												Balance due (to) or from HPU		0.00		
By signing below I attest that all expenses submitted herein are legal, valid, appropriate, and reasonable expenses incurred in accordance with HPU policy and procedures. All original itemized receipts are attached and taped flat to 8.5" by 11" sheets of paper by date and line item or an approved Missing Affidavit Form is attached. I acknowledge that the Travel Expense Reimbursement Form with a copy of the approved Travel Request Form are due within 10 days after completion of travel or the end of the fiscal year, whichever occurs sooner. If the Travel Expense Reimbursement Form is not submitted within 60 days of the completion of travel, the reimbursement is considered taxable income to the traveler subject to income tax withholding. Unless a reasonable justification for an exception is presented and approved, these amounts will be included on the traveler's Form W-2.																
Traveler's Name					Traveler's Signature					Phone #		Date				
Approver's Name:					Approver's Signature:					Phone #		Date				
If total expense are greater than 10% of Travel Request Form including any prior submitted request for reimbursement additional signatures required per the University's Authority to Commit Funds Policy																
Approver's Name:					Approver's Signature:					Phone #		Date				
Approver's Name:					Approver's Signature:					Phone #		Date				
Approver's Name:					Approver's Signature:					Phone #		Date				
Additional Information for Specific Line items:																
1. Please fill in requested information when using 731010 Auto Mileage account code for reimbursement:																
Personal Auto Mileage																
Date	From	To	Purpose	Miles	Rate	Total										
					0.665	0.00										
					0.665	0.00										
					0.665	0.00										
Grand total						\$0.00										
2. The IRS required the following information for each transaction charged to 729010 Public Relations- Entertainment/758700 Alcohol																
Business Entertainment Expenses line number																
Date:	Food & non alcohol	Alcohol:	Total charge:	Name of Place:												
			0.00	Location:												
Business Purpose:																
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you:																
Business Entertainment Expenses line number																
Date:	Food & non alcohol	Alcohol:	Total charge:	Name of Place:												
			0.00	Location:												
Business Purpose:																
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you:																

Business Entertainment Expenses line number					
Date:	Food & non alcohol	Alcohol:	Total charge:	Name of Place:	
			0.00	Location:	
Business Purpose:					
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you:					
Business Entertainment Expenses line number					
Date:	Food & non alcohol	Alcohol:	Total charge:	Name of Place:	
			0.00	Location:	
Business Purpose:					
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you:					
<b>Instructions:</b>					
<p><b>These are the account codes that should appear on the travel request form:</b></p> <p><b>728020 Professional Development Fund</b></p> <p><b>728030 Professional Development Seminars</b></p> <p><b>729010 Public Relations- Entertainment</b> <sup>2</sup> (when on travel if the traveler meets the University policy with respect to Business Entertainment they must fill out form above)</p> <p><b>729020 Public Relations-Gifts</b></p> <p><b>730000 Recruitment</b></p> <p><b>731010 Auto –Mileage</b> <sup>1</sup> (for personal vehicle-must fill out form above itemizing by date, from destination, to destination and purpose)</p> <p><b>731015 Auto- Parking</b></p> <p><b>731020 Auto- Gasoline/oil</b></p> <p><b>731050 Auto Rental</b> (Insurance is not reimbursable for domestic business related travel/ foreign business related travel insurance is reimbursable and should be categorized under 731090 Other Auto &amp; travel)</p> <p><b>731060 Travel Airfares</b> (Coach/ economy class rate only unless signed approval by President is attached: the difference is taxable to the employee as additional compensation and the employee must submit proof of the difference between purchase ticket and economy/coach ticket as of the date the ticket was purchased)</p> <p><b>731070 Travel- Hotel/Lodging</b></p> <p><b>731080 Travel- Meals</b> (tips must not exceed 15% for parties under eight or 20% for parties eight and over/ no alcohol unless Business related entertainment expense)</p> <p><b>731090 Other Auto &amp; travel:</b> Miscellaneous expenses essential to the purpose of the authorized travel (tolls, phone calls, insurance, other)</p> <p><b>758700 Alcohol Beverage</b> (only when associated with 729010 Public Relations- Entertainment)</p>					
<p><b>Traveler/Employee</b> The individual submitting a Travel Expense Reimbursement Form bears the responsibility to:</p> <ul style="list-style-type: none"> <li>Use this form as a daily record. Submit this completed Travel Expense Reimbursement Form, copy of approved Travel Request Form and original receipts (please write line number on receipts, you may have</li> <li>Original receipts must be submitted for all claimed expenses or see Travel Policy section 15.c. missing receipts.</li> <li>If you received an advance, attach refund check if necessary, otherwise, reimbursement will be made via a check to you.</li> <li>Verify that all expenses being paid or reimbursed by the University are valid and conform to the University policy and understand that requests lacking required documentation and/or business purpose will</li> <li>Attest that expenses submitted for reimbursement have not been previously paid through a prior submitted expense report, cash advance, or by an outside agency or other third party.</li> <li>Submit all forms related to his/her travel to Accounts Payable within 10 days of completion of travel or latter of incurrence/ payment of the business expense. Expenses submitted more than 60 days after</li> <li>Retain accountability for ensuring all expenses are in accordance with this policy.</li> </ul>					
<p><b>Authorizer/Approver</b> Individuals authorized to approve business expenditures of others will administer these policies and are responsible to:</p> <ul style="list-style-type: none"> <li>Expense is valid and directly related to University business.</li> <li>Request further documentation or explanation for expenses that appear to be excessive or unusual in relation to the nature of the business travel. Explanation of such expenditures must be included on the</li> <li>The TERF is submitted timely to Accounts Payable.</li> <li>Understand that while Accounts Payable may review the TERF, the primary responsibility for the appropriateness of expenditures rests with the traveler/ employee and the individual responsible for</li> </ul>					
<p><b>Controller's Group/Accounts Payable</b> The Accounts Payable department within the Controller's Group is responsible for reviewing TERF prior to processing the reimbursement to verify that expenses are reasonable and</p> <ul style="list-style-type: none"> <li>Information on the Travel and Expense Report is supported by accompanying support documentation, which is both complete and in accordance with this policy document.</li> <li>Expenses conform to any requirements imposed by the Internal Revenue Service or, as applicable, sponsoring agencies.</li> <li>Expenses have been reviewed and approved by the appropriate approver.</li> <li>Expenses have been reviewed for compliance with University Policies.</li> </ul>					