Creating a Travel Voucher (eForms)- All travel 1/1/16 and later

<u>Main Page:</u>

Within eForms, select <u>Accounting</u> under *Create New Form* and choose <u>Travel (all travel January</u> <u>1, 2016 and later)</u>.

| Accounting Cashiering | Allocated Budget Transfer | | | | | |
|--------------------------|--|--|--|--|--|--|
| Fixed Assets/Inventory | Authorization for Electronic Deposit of Vendor Payment | | | | | |
| Purchasing | BPC Account Action Request | | | | | |
| Spa Savable Forms | BPC Cardholder Dispute Form | | | | | |
| Search Existing Forms | Business Procurement Card Voucher | | | | | |
| Form Status | Business Travel Account Voucher | | | | | |
| Document Tracking | Cash Count | | | | | |
| Main Menu | Change Fund Maintenance | | | | | |
| My Account | Cost Comparison: Airfare Vs. Mileage | | | | | |
| Support | DA 06 Lost Warrant Statement | | | | | |
| | DA 22 Maying Expanse Agreement | | | | | |
| | DA-22 Moving Expense Agreement | | | | | |
| | Delegation of Authority | | | | | |
| | Domestic Wire Request | | | | | |
| | Encumbrance Correction | | | | | |
| | Foreign Travel Per Diem Calculator | | | | | |
| | Foreign Wire Request | | | | | |
| | Interfund Voucher | | | | | |
| | Journal Entry | | | | | |
| | KSU Encumbrance Form | | | | | |
| | Miscellaneous Transaction Journal | | | | | |
| | Non-Allocated Funds Transfer | | | | | |
| | Pre Feburary 2008 Procurment Card Voucher | | | | | |
| | Property Damage or Loss Claim | | | | | |
| | Request For Actual Conference Lodging | | | | | |
| | Request for Official Hospitality | | | | | |
| | Request For Out of State Travel | | | | | |
| | STARS Batch Sheet | | | | | |
| | STARS Vendor Edit Table Maintenance Form | | | | | |
| | Subsistence Extension Request | | | | | |
| | Transfer of Payments | | | | | |
| | Travel (all travel January 1, 2016 and later) | | | | | |
| | | | | | | |

Header Page:

User Number: For departmental use as needed (may leave blank) *Transaction Date:* Last Day of Business Travel *Form Title:* For departmental use as needed (may leave blank)

| i onni indic. | Tor departmental use as needed (may leave siding |
|---------------------|--|
| Document Number: | Header Vendor Agency Travel Detail Funding Flags Trustees Final Form |
| 000775 | |

| Number: | |
|-------------------------------------|--|
| 803775 | Header Information |
| Finished Travel Voucher | User Number: Transaction Date: 87/2013 (MM/DD/YYY) |
| e in 1999 Scine (1977) is decisione | Form Title: |
| Fund Total: \$0.00 | Next |
| Mileage Total: \$0.00 | |
| Meals Total: \$189.00 | |
| Lodging Total: \$0.00 | |
| Other Total: \$0.00 | |
| | |

• Vendor Page:

First <u>Search</u> for the vendor. You may need to search by first name only or last name only if unable to locate vendor. Only add a new vendor if the vendor is <u>not</u> in the vendor table. In the event the vendor address needs updated (address displayed is not current), select the vendor from the vendor table, select <u>Edit Vendor</u> and type in the new address in place of the old. Review the last four digits of the social and the address with the employee to verify you are paying the correct individual as we may have someone in the database with the same name.

| Document Number: | Header Vendor Agency Travel Detail Funding Flags Trustees Final Fo |
|---------------------|--|
| 803775 | Vendor Information |
| Finished | New Vendor Edit Vendor Search |
| - Million of | Vendor ID: |
| Travel Voucher | Vendor Site ID: Fill Always Search |
| Fund Total: | Payment Indicator: adding a new vendor. |
| \$0.00 | Vendor No/Sfx: search by a portion of |
| Mileage Total: | Vendor Name: the name. REQUEST |
| \$0.00 | VERIFY ADDRESS |
| Meals Total: | Address: AND LAST FOUR OF |
| Lodging Total: | City: SECURITY NUMBER. |
| Other Total | State: |
| otter rotal. | Zip: - |
| | Country: |
| | Next |

Agency Page:

Department Name: Building: Phone: Traveler's Position: Position Title

Office Location: Official Work Station Location (as reflected in HR)

| Agency Information |
|---|
| Document Preparer: |
| Dept Name: |
| Building: |
| Phone: |
| |
| Traveler: |
| Traveler's Position: |
| Office Location: |
| City, State |
| Home Location: City, State |
| |
| Use Saved Information Save This Information |
| Next |

Travel Detail:

General:

Departure/Return Time: The time must be entered in an HH:MM format, selecting a.m. or p.m. as appropriate. The Departure Time is the time the traveler left their official work location or domicile, whichever is less. The Return Time is the time the traveler returned to their official work location or domicile, whichever is less.

Out-of-State Travel Order No: Must be supplied when travel is outside the State of Kansas. This document may be found in Eforms and is to be completed prior to the traveler booking travel or registration.

Select the travel destination category, state and location for the business travel. The final day of travel will automatically be listed as the location of the last business location (please *do not* change this to the official station). Enter the date in MM/DD/ YYYY format. You may also use the calendar to select the date. Click "Add" to create the destination. If your traveler has multiple travel destinations, add additional lines as needed. The <u>From date</u> is the date the traveler departed to go to the location and the <u>To date</u> is the date the traveler ended travel at that location. See the example below. Dates will overlap for multi-destination consecutive travel as you will depart and arrive at different locations on the same day.

| General | Travel Period: These are the dates of travel. What you enter here will be used in the rest of these screens to help you provide details about the trip. | | | | | | | | | |
|----------------|---|--------------------------|--|-----------|-----------|-------------|--|--|--|--|
| Event | Departure Time: | 07:00 ◎ a.m. ○ p. | ∞ ⊛a.m. ⊃p.m. Date will overlap for mι | | | | | | | |
| Meals & IE | E Return Time: 05:00 O a.m. @ p.m. destination consecutive | | | | | | | | | |
| Lodging | Out-of-State Travel Order No.: 1122334 | | | | | | | | | |
| Summary | | | | | * | | | | | |
| | Category | State | Location | From | То | Action | | | | |
| <u>Mileage</u> | Contiguous United States | Massachusetts | Boston | 1/4/2016 | 1/7/2016 | Edit Delete | | | | |
| Other | International | United Kingdom | Edinburgh | 1/7/2016 | 1/12/2016 | Edit Delete | | | | |
| | Contiguous United States | Indiana | Alexandria | 1/12/2016 | 1/14/2016 | Edit Delete | | | | |
| | Contiguous United States Kansas Kansas Abilene Add | | | | | | | | | |
| | Continue | | | | | | | | | |

Event:

Purpose of Travel (Event): KSU Business Purpose and event name

Event Dates: Official dates of the event, often different from departure/return dates.

Comments: Any additional information that will assist in explaining details of the trip not clearly defined by the substantiation provided.

| <u>General</u> | |
|-----------------------|--|
| <u>Event</u> | Purpose of Travel (event): |
| <u>Meals & IE</u> | Travel Forum Extravaganza/International Travel Training/Travel Conference |
| <u>Lodging</u> | Event Dates: 01/05/2016 to 01/13/2016 |
| <u>Summary</u> | |
| <u>Mileage</u> | |
| <u>Other</u> | Previous Continue |

Meals & IE:

Per Diem Claiming: Check the box that corresponds to what the traveler is claiming. In most cases it will be the max reimbursable amount.

Meals Provided at no cost: Provide the quantity of each meal included or provided for the traveler at no cost during his/her business travel. It is important to mark the correct day for each meal that was provided so that the traveler is correctly reimbursed.

Personal Time (hours): Enter time in number of hours for personal days or time taken during business travel. For example, if one personal day is taken, enter 24 yours. If for example personal time is taken from 5:00 pm until 8:00 am the following morning, you would enter 7 hours for day 1 and 8 hours for day 2. Note personal time in the comments.

| General | | | | | | | | | | |
|---|-----------------------------|---------------------------|------------------------------|--------------------------|--|--|--|--|--|--|
| Event | Per diem claiming: O Custom | | | | | | | | | |
| Maala | © None | | | | | | | | | |
| <u>Meals &</u> IE | Date | | Meals provided at no cost | Personal Time (hours) | | | | | | |
| Lodaina | 1/4/2016 | Boston, Massachusetts | BBLDD | 0 | | | | | | |
| | 1/5/2016 | Boston, Massachusetts | 🗷 B 🗆 L 🗖 D | 0 | | | | | | |
| Summary | 1/6/2016 | Boston, Massachusetts | 🗷 B 🔽 L 🗆 D | 0 | | | | | | |
| Mileage | 1/7/2016 | Edinburgh, United Kingdom | B BL VD | 0 | | | | | | |
| Other | 1/8/2016 | Edinburgh, United Kingdom | B VL D | 0 | | | | | | |
| | 1/9/2016 | Edinburgh, United Kingdom | B VL D | 0 Personal | | | | | | |
| | 1/10/2016 | Edinburgh, United Kingdom | B L D | 7 🖌 Time | | | | | | |
| | 1/11/2016 | Edinburgh, United Kingdom | BBLDD | 8 * | | | | | | |
| | 1/12/2016 | Alexandria, Indiana | B L D | 0 | | | | | | |
| | 1/13/2016 | Alexandria, Indiana | BBLDD | 0 | | | | | | |
| | 1/14/2016 | Alexandria, Indiana | BBLDD | 0 | | | | | | |
| | Previous | Continue | | | | | | | | |
| Comments: | | | | | | | | | | |
| Personal time taken from 5:00 pm on 1/10/16 to 8:00 am on 1/11/16. | | | | | | | | | | |
| | | | | | | | | | | |

Lodging:

Destination: Destination location for that day. This is prepopulated based on the information provided on the General page. The destination is based on the location the traveler will be lodging for that day. Please note that the return trip back to the traveler's official station is listed as the last business destination.

Lodging Name: If traveler did not incur lodging expenses type "Not Claiming". If lodging was paid for on BPC, type "BPC" and leave amount column blank. NOTE: If the lodging amount entered is higher than the maximum allowable daily amount, a message will pop up as you continue reminding you to verify the base rate of the room is less than the maximum allowable amount. In the event it is NOT, you must provide a Request for Actual Conference Lodging with substantiation showing the conference event location and conference rate or a cost comparison in relation to other lodging in the same area.

| General | | 1 | | |
|------------------------------|--------------------|---------------------------|------------------------|--------|
| | Date | Destination | Lodging | Amount |
| <u>Event</u> | 1/4/2016 | Boston, Massachusetts | Hotel | 180 |
| Meals & IE | 1/5/2016 | Boston, Massachusetts | Hotel | 180 |
| Ladaina | 1/6/2016 | Boston, Massachusetts | Hotel 180 Hotel 230 | |
| Louging | 1/7/2016 | Edinburgh, United Kingdom | | |
| Summary | 1/8/2016 | Edinburgh, United Kingdom | Hotel | 230 |
| <u>Mileage</u> | 1/9/2016 | Edinburgh, United Kingdom | Hotel | 230 |
| Other | 1/10/2016 | Edinburgh, United Kingdom | Personal Time | 0.00 |
| | 1/11/2016 | Edinburgh, United Kingdom | Hotel | 0.00 |
| | 1/12/2016 | Alexandria, Indiana | Hotel | 120 |
| | 1/13/2016 | Alexandria, Indiana | Hotel | 120 |
| | 1/14/2016 | Alexandria, Indiana | | |
| | Previou | IS Continue | | |
| Comments: | | | | |
| Personal tim 8:00 am on 1 | e taken /11/16. | from 5:00 pm on 1/10 | /16 to | |
| | | | | |

Summary:

The amounts reflected are automatically calculated from the information you supplied on the previous pages. To make changes to the data entered, return to the appropriate page and make adjustments.

The reduction amounts have been provided for you in a view-only manner. The links to review per diem rates are included as well as the percentage reduction for meals provided, and the calculation formula for the maximum reimbursable M&IE rate.

Additional adjustments to M&IE and Lodging rates may be made in this screen or the M&IE and Lodging sections. You may not enter more than the calculated maximum M&IE rate.

| <u>General</u> <u>Event</u> | Contiguous United States (CONUS) Outside Contiguous United States (OCONUS) International Locations | | | | | | | | | | | | |
|----------------------------------|---|---|----------|------|------|-------|--------|--|--|--|--|--|--|
| <u>Meals & IE</u> Lodging | Breakfast, Lunch, and Dinner are reimbursed at 15%, 35%, and 50% of the daily M&IE amount. The maximum reimburseable M&IE amount is: [Base M&IE Rate] * [Quarter Adjustment] * (1 - [Meals Adjustment]) | | | | | | | | | | | | |
| <u>Summary</u> | Date | Date Destination Base M&IE Quarter Meals M&IE Lodging | | | | | | | | | | | |
| <u>Mileage</u> | 1/4/2016 | Boston, Massachusetts | \$69.00 | 0.75 | 0.00 | 51.72 | 180.00 | | | | | | |
| <u>Other</u> | 1/5/2016 | Boston, Massachusetts | \$69.00 | 1.00 | 0.15 | 58.65 | 180.00 | | | | | | |
| | 1/6/2016 | Boston, Massachusetts | \$69.00 | 1.00 | 0.50 | 34.50 | 180.00 | | | | | | |
| | 1/7/2016 | Edinburgh, United Kingdom | \$110.00 | 1.00 | 0.50 | 55.00 | 230.00 | | | | | | |
| | 1/8/2016 | Edinburgh, United Kingdom | \$110.00 | 1.00 | 0.35 | 71.50 | 230.00 | | | | | | |
| | 1/9/2016 | Edinburgh, United Kingdom | \$110.00 | 1.00 | 0.35 | 71.50 | 230.00 | | | | | | |
| | 1/10/2016 | Edinburgh, United Kingdom | \$110.00 | 0.75 | 0.15 | 70.13 | 0.00 | | | | | | |
| | 1/11/2016 | Edinburgh, United Kingdom | \$110.00 | 0.75 | 0.00 | 82.50 | 0.00 | | | | | | |
| | 1/12/2016 | Alexandria, Indiana | \$51.00 | 1.00 | 0.15 | 43.35 | 120.00 | | | | | | |
| | 1/13/2016 | Alexandria, Indiana | \$51.00 | 1.00 | 0.00 | 51.00 | 120.00 | | | | | | |
| | 1/14/2016 | Alexandria, Indiana | \$51.00 | 0.75 | 0.00 | 38.25 | 0.00 | | | | | | |
| | Previou | IS Continue | | | | | | | | | | | |

<u>Mileage:</u>

State Vehicle No: Enter tag number of state vehicle, if used.

Current Mileage Rate: Select applicable rate from the drop down menu (only needed for privately owned transportation)

Date: Select Date that mileage occurred and "Add" as needed for each date mileage is being claimed (only needed for privately owned transportation).

| Document Number: | Header Ven | dor Agency | Travel Detail Fun | ding Flags Trustees | Final Form | |
|--------------------------|--------------------------------|------------------------|--|--|---|----------------|
| 803775 Finished | <u>General</u> <u>Event</u> | Mileage: claimed. N | Describe the mile Aileage rate must | age to be reimbursed be set to blank to ente <u>MapQue</u> | for private vehicles. If a state vehicle was used no er a vehicle number. est - KDOT Distance Chart | mileage can be |
| Travel Voucher | Meals & Lodging | State Veh | icle No: | Current EX 14 Privately O | winad Auto | |
| Fund Total: \$0.00 | Mileage | Mileage F | Per Day: Miles | Vicinity Miles | Amount Edit Remove | |
| Mileage Total: \$0.00 | <u>Other</u> | | • | | Add | |
| Meals Total: \$170.75 | Commonto | Previous | Continue | | | |
| Lodging Total: \$0.00 | Shuttle to/ registratio | from Airpo | ort included in (| conference 🔺 | | |
| Other Total: \$0.00 | | | | | | |
| | | | | | | Next |

Other Amount: Individual amount of any additional business expenses not included in prior sections paid for by the traveler.

Description: Brief description of item (i.e. tolls, shuttle, airfare, rental car, tax, etc.)

BPC Documents: List the document number of any BPC document that includes expenses related to the travel voucher.

| Document Number: | Header Vend | dor Agency | Travel Deta | Funding | Flags Tru | stees F | inal Form | 1 | | |
|----------------------------|----------------------------|-------------------------------------|------------------------------|----------------------------|----------------------------|------------------------|---------------------------|--------------------------------------|--|--|
| 803775 Finished | <u>General</u> Event | Other: De K-State. If screen. | scribe othe the benefit o | r expenses. description | If event re doesn't fit | gistration n the de | on included escription | d optional events box, please use | , include a descri the comments are | ption of the benefit to ea on the general |
| Travel Voucher | Meals & | Other Amo | unt | Description | 1 | Edit | Remove | | | |
| march roughly | Lodging | \$5.50 | | Tolls | | Edit | Remove | | | |
| Fund Total: \$0.00 | Mileage | | | | | | Add | | | |
| Mileage Total: \$145.60 | <u>Other</u> | BPC Doc Airfare | Rental Ca | r Lodging | Other | | | | | |
| Meals Total: \$189.00 | | 803776 Previous | 803777 | 803778 inue to fundin | 9 | | | | | |
| Lodging Total: \$0.00 | Comments: | | | | | | | | | |
| Other Total: \$5.50 | Shuttle to/ registratio | from Airpo: n. | rt include | d in confe | rence * | | | | | |
| | | | | | - | | | | | |
| | | | | | | | | | | Next |
| | | | | | | | | | | |

Funding:

Use either your saved funding or enter your funding string (boxes Order No, Line, and M are only for prior year encumbered payments).



Other:

<u>Flags:</u>

Click on any of the applicable flags to further clarify expenses being reimbursed on voucher.



Trustees:

This will show any trustee who currently has access to your voucher. You may add additional trustees as needed.

Final Form:

Click "View Final Form" to view your document for accuracy. Print document, attach receipts and other substantiation, obtain original signatures and forward completed voucher to 220 Anderson Hall for processing.

| Document Number: | Header Vendor A | gency Travel Detail Funding Flags Trustees Final Form |
|----------------------------|-----------------|---|
| 803775 | View Form | View Signature Sheet |
| Finished | | Next |
| Travel Voucher | | |
| Fund Total: \$0.00 | | |
| Mileage Total: \$145.60 | | |
| Meals Total: \$189.00 | | |
| Lodging Total: \$0.00 | | |
| Other Total: \$5.50 | | |
| | | |