

Travel Expense Report (TER)

Business Office Jordan Hall One Saxon Drive Alfred, NY 14802 607-871-2128

Traveler's Information Banner ID# **Traveler Name** Department **Trip Destination Trip Dates** Was a TAAR approved? Did you Entertain a Guest? Yes No If Yes, please complete the Entertainment Attachment If Yes, please attach approved TAAR If No, please describe the business purpose of the trip: Conference / Workshop Title (if applicable) Attach Conference Agenda or Itinerary Traveler's Expenses Total Mileage Calculation **Expenses** Rate **Total Miles** Total Reimbursable Registration Fees Lodging Airfare Meal Calculation - Flat Rate Method (No Receipts Required) **Auto Rental** Taxi / Bus / Subway / etc. Rate Total - Flat Rate Method # Travel Days x # Full Days x Parking & Tolls Tips/Gratuities (not on receipts) Travel Days typically = 2 (day of departure and day of return home) Note: Flat Rate Method requires overnight stay **Guest Entertainment** Meals included in Conference (will be subtracted from total calculated above) Miscellaneous # Breakfast # Lunch x Mileage Reimbursement Meal Reimbursement Meal Calculation - Receipt Method (Detailed Receipts Required) Date **Total Trip Cost** Breakfast Do not put a negative (-) sign in front of the amounts below LunchLess: Cash Advances Dinner Less: One Card Expenses Total Total Reimbursed cannot exceed Per Diem Rate for City as listed here **Total Amount Due** http://www.gsa.gov/portal/category/21287 Total - Receipt Method To / (From) Employee **Dean/Department Approval FOAP** Amount **FOAP** Amount **FOAP** Amount APPROVAL Only needed if total was not pre-approved on a TAAR **Business Office Use Only Reviewed By** Date **Approval** Date Cash Received By Date