

EZ Travel Form

General Tips for using the EZ Travel Form

1. Enable Excel Macros.
2. Always use the Tab key to move between fields when entering data.

1. General Info

Enter the claimants personal information and the department to be charged. If you want to have this travel claim assigned to someone else, this information needs to be provided in this area as well.

1. General Info	
Claimants Name	<u>Jane A. Sooner</u>
Claimants Employee ID / SSN	<u>499999</u>
Address Reimbursement should be Mailed To	<u>123 Sooner Dr</u>
if Campus Address Please list building Name and Room Number	<u>Norman, OK 73019</u>
State Employee?	<u>Yes</u>
Volunteer?	<u>No</u>
Student?	<u>No</u>
City, State of Official	
Employment Site	<u>Norman, OK</u>
Nature of Official Business: If Conference Please include location and dates.	<u></u>
Department Number to be charged	<u>123456700</u>
Account to be Charged	<u>820005</u>
If you want to assign this claim to someone else, list their name here.	<u></u>
This Claim was prepared by:	<u></u>
Preparer's Phone number:	<u></u>

2. Public Transportation

Enter any public transportation (commercial airline or bus line) charges paid by the claimant.

2. Public Transportation	
Was Public Transportation purchased directly by the University?	_____
If not, type of public transportation expense incurred by claimant	_____
Total Expenses incurred for Public Transportation	_____

3. Local Transportation

Enter any local transportation charges incurred by the claimant. If a rental car was used, please enter a justification for the rental.

3. Local Transportation	
Taxi	_____ Number of Taxi Rides: _____
Shuttle	_____ Number of Shuttle Rides: _____
Other Local Transportation	_____
Rental Car	_____ Rental Car Justification: _____

4. Itemized Miscellaneous Costs

Enter any costs related to registration, telephone, parking and tolls and any other cost. If any car related expenses are being claimed, you must provide a tag number.

4. Itemized Miscellaneous Costs	
Registration Costs _____	# of meals included in registration _____
If you attended a conference, did you stay at a designated hotel? _____	How was the conference paid? _____
Telephone _____	
Parking _____	
Tolls _____	
Other _____	Other Description: _____
Car State Owned? _____	
Vehicle Tag No _____	
If claiming Mileage, Parking or Tolls you MUST provide a tag # _____	
Did you drive to or from an out-of-state destination in a personal vehicle? _____	
<input type="button" value="Enter Mileage & Per Diem"/>	

Once you finish entering miscellaneous costs, click on the "Enter Mileage & Per Diem" button. (Note: This button may not work if macros are not enabled within the excel workbook. If it does not work, you can manually select the "Mileage & Per Diem" Worksheet located on the bottom of your spreadsheet.



Mileage & Per Diem

1. For each point of travel, please complete the Destination Point information.
2. Please answer all Yes / No questions.
3. Use the website <http://www.okladot.state.ok.us/hqdiv/p-r-div/howfar/okmile.htm> or <http://www.randmcnally.com/rmc/directions/dirGetMileage.jsp> to lookup mileage between cities.
4. Use the website www.gsa.gov/perdiem to look up per diem rates for your overnight destination points.

Destination Point 1

A point of travel exists when lodging occurs at a different destination point. For example, if you were going to Denver by airplane, but continued on to Washington, DC for a separate meeting, your first point of travel would be Denver (see below). If you drove to the airport, be sure to also enter the mileage from origin to the airport.

Per Diem amounts (looked up on www.gsa.gov/perdiem) and total lodging costs for this destination point are entered here. Enter the date / time you began your travel (left home) in the "Date & Time you entered travel status" boxes. Enter the time you ended your traveling for this destination point (returned home or proceeded to a new destination).

Mileage & Per Diem				
Destination Point 1				
Date of Travel	1/15/2008			
	Origin		Destination	
	City	State	City	State
	Norman	OK	OKC, Denver	CO
Did you drive to this destination point in a personal vehicle?	Yes			
	Mileage from Origin to Destination	Additional Miles Traveled at Destination		
	17	4		
Did you stay overnight at this destination point?	Yes			
	Date (mm/dd/yy)	Time		
Date & Time you entered travel status	1/15/2008	4:00 PM		
Date & Time you left travel status	1/18/2008	3:30 PM		
Meals Per Diem Rate	49.00			
How was lodging paid?	Paid by Traveler			
Total Lodging Costs for this Point	480.00			

Destination Point 2

In this example, the second point of travel occurred from Denver, CO to Washington, DC. Since the claimant did not drive a personal vehicle, no mileage is claimed on this portion of the trip. The "Date & Time you entered travel status" box contains the date and time that the claimant left Denver and proceeded to Washington, DC.

Destination Point 2

Date of Travel 1/18/2008

Origin		Destination	
City	State	City	State
Denver	CO	Washington	DC

Did you drive to this destination point in a personal vehicle?

No

Mileage from Origin to Destination	Additional Miles Traveled at Destination

Did you stay overnight at this destination point?

Yes

	Date (mm/dd/yyyy)	Time
Date & Time you entered travel status	1/18/2008	3:30 PM
Date & Time you left travel status	1/20/2008	9:30 AM

Meals Per Diem Rate	64.00
How was lodging paid?	Paid by Traveler
Total Lodging Costs for this Point	317.63

Do you need to claim another Destination Point?

Yes

Destination Point 3

In this example, we have one more destination point to report and that is from Washington, DC to the OKC airport to back home.

Destination Point 3				
Date of Travel	1/20/2008			
	Origin		Destination	
	City	State	City	State
	Washington	DC	OKC, Norman	OK
Did you drive to this destination point in a personal vehicle?	Yes			
	Mileage from Origin to Destination	Additional Miles Traveled at Destination		
	17			
Did you stay overnight at this destination point?	No			
		Date (mm/dd/yyyy)	Time	
	Date & Time you entered travel status	1/20/2008		
	Date & Time you left travel status			
	Meals Per Diem Rate			
	How was lodging paid?			
	Total Lodging Costs for this Point			
Do you need to claim another Destination Point?	No			

Once you have finished entering your Mileage & Per Diem click on the "Finished Entering Mileage & Per Diem" button. (If macros are not enabled, you may manually click on the "General Info" worksheet.)

Departmental Adjustments

If your department pays a different mileage rate, or approves less than the total amount of travel charges incurred. Enter those amounts in the appropriate boxes. Any additional information may also be provided in the "Additional Notes" box.

Departmental Adjustments	
Does your department pay a different mileage rate? If so, please list the rate here.	_____
The current total amount claimed is \$758.59. If your department has approved less than this please enter the maximum amount approved here.	_____
Additional Notes:	
<input type="text"/>	
<input type="button" value="View Travel Claim"/>	

Once you have finished entering your Departmental Adjustments, click "View Travel Claim" (or manually select the "Travel Claim" worksheet) to view the finalized Travel Claim form.

Travel Claim Cover Sheet

Once you have printed your travel claim and cover sheet, you will need to submit these documents and any additional documents listed on the Cover Sheet.

Claimant's Name	Jane A. Sooner
Total Claim Amt	\$759.47

Travel Claim Cover Sheet

***When you submit your travel claim to FSS, please sign your claim as indicated below.
Use this page as a cover sheet and attach the required documentation:***

Public Transportation Receipts	_____	
Paid Hotel Bill	<u> X </u>	
Conference Agenda	_____	
Registration Receipt	_____	
Designated Hotel Documentation	_____	
Taxi Receipts	_____	
Shuttle Receipts	_____	
Rental Car Receipts	_____	
Other Local Transportation	_____	
Telephone Receipts	_____	
Parking Receipts	_____	
Toll Receipts	_____	
Other Receipts / Documentation	_____	
Airfare Rate Comparison	_____	
Grant & Contracts Approval	_____	
Claimant Signature	<u> X </u>	Be sure to Date Signature
Approval Signature	<u> X </u>	Be sure to Date Signature
Claimant Signature for Assignment	_____	Be sure to Date Signature

Failure to provide the required documentation marked above will result in your claim being returned to you unprocessed.