

TRAVEL SUPPORT DOCUMENT

3/98 (Travel Support Form)

Name (1) _____ Date (2) _____ Social Security Number (3) _____
 Residence (4) _____ Official Headquarters (5) _____ Account Number (6) _____
 Purpose of Trip (7) _____

DATE (MO/DA)	DEP ARR	TIME	AM PM	DESTINATION OF TRAVEL DEPARTURE DESTINATION RETURN	"REPORTABLE IN OR OUT OF STATE"		0520		0502		0503		0505		0506		0509		0237*		TOTAL	
					1	2	0172	0501	0502	0503	0505	0506	0509	0237*	0507	0517	0509	0508	0518	0232*		0232*
								PER DIEM	MEALS	LODGING	AIR TRANS.	OTHER TRANS.	MISC. TRAVEL EXPENSE	SUBSIST ALLOW.	REGIST. FEES							
(8)	(9)	(10)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(23)	(23)	(23)	(23)	(23)	(23)
<p>I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of state laws, rules and regulations.</p>																						
<p>1</p>																						
<p>2</p>																						
<p>0237* (37) TOTAL (39)</p>																						
<p>0232* (38) TOTAL 1 (40)</p>																						
<p>0232* (38) TOTAL 2 (41)</p>																						
<p>GRAND TOTAL (42)</p>																						

0599 \$ (43)

Use 7/C 640 Travel Advance

YELLOW - Accounting WHITE - Accounting BLUE - Accounting PINK - Employee

Employee Signature (44)
 Approval Signature (45)

**Preparation of Travel Support Document
(See Exhibit A for actual form)**

<u>Nbr</u>	<u>Item</u>	<u>Instructions</u>
1	Name	Enter name of person to be reimbursed. If the traveler is a state employee, enter the payee's name as it reads on payroll
2	Date	Enter date on which form is prepared
3	Social Security Number	Enter the social security number of the traveler
4	Residence	Enter the traveler's full home address
5	Official Headquarters	Enter the department name/address of the traveler's official place of business
6	Account Number	List the department's account code (10 digits) in which expenses are to be charged
7	Purpose of Trip	Explanation of travel, i.e., Lifesavers Conference, SES Meeting, etc.
8	Date (MM/DD)	Enter month and day on which expenses were incurred
9	Dep/Arr	Enter the following codes to indicate departure and return D = Departure A = Arrival
10	Time (AM/PM)	Enter the time of day (including AM or PM) only for departure and arrival times. Do not use military time
11	Destination of Travel Departure Destination Return	Enter place of departure and destination. Enter same information for return
12	1 or 2	The destination of the trip will determine the classification. 1 – In-state overnight trip 2 – Out of state overnight trip
13	Auto Miles	Enter the number of miles traveled in a private automobile
14	Per Diem	Enter the appropriate amount in accordance with General Appropriations Act travel regulations. Full-time state employees are ineligible
15	Meals	Enter the amount spent for meals in accordance with SC state travel regulations. Expenditures for meals without overnight travel is coded 0520
16	Lodging	Enter amount spent for lodging as supported by attached original paid receipt
17	Air Transportation	Enter the actual expense amount if air travel occurred on a commercial airline at traveler's expense
18	Other Transportation	Enter expenses incurred for the transportation other than air or private automobile
19	Miscellaneous Travel Expense	Enter expense incurred, i.e., parking fees, telephone, etc.
20	Subsistence Allowance	Enter the amount of the subsistence allowance in accordance with the General Appropriations Act and applicable Budget and Control Board Travel regulations
21	Registration Fees	Enter the expense for registration fees paid by traveler .
22	Non-State Employee Travel	Enter all expenses incurred by non-state employees. Expenditures for meals without overnight travel are coded 0237.
23	Total	Enter a total of amounts listed in fields 14-22 for each line of data
24	Total Auto Miles	Enter total of auto mileage. Enter in state travel on line 1 and out of state travel on line 2
25	Rate per Mile	Enter the rate per mile for reimbursement for use of private

		automobile in accordance with the General Appropriations Act and Budget and Control board regulations
26	Total Auto Mileage	Enter the amount due for auto reimbursement (field 24 multiplied by field 25)
27	Total Per Diem	Enter the total for per diem. In state travel on line 1 and out of state travel on line 2
28	Total Meals Reportable	Enter the total for meals coded 0520 (day trips only).
29	Total Meals Non-Reportable	Enter the total for meals. Enter in state travel on line 1 and out of state travel on line 2
30	Total Lodging	Enter the total for lodging. Enter in state travel on line 1 and out of state travel on line 2
31	Total Air Transportation	Enter the total for air transportation on line 2
32	Total Other Transportation	Enter total for other transportation expenses. Enter in state travel on line 1 and out of state on line 2
33	Total Miscellaneous Travel Expenses	Enter the total of miscellaneous travel expenses. Enter in state on line 1 and out of state on line 2. A brief explanation of each item claimed in this field must be entered in space on the last three lines of the form.
34	Total Subsistence Allowance (Reportable Income)	Enter the total for subsistence allowance coded 0509 (day trip)
35	Total Subsistence Allowance (Non-Reportable Income)	Enter the total for subsistence allowance. Enter in state on line 1 and out of state on line 2
36	Total Registration Fees	Enter the total of registration fee paid by the traveler. Enter in state travel on line 1 and out of state on line 2
37	Total Meals (Reportable Income for Non-State Employees)	Enter the total for meals coded 0237. Reportable meals for non-state employees
38	Total Expenses (Non Reportable Non-state Employee)	Enter the total coded 0232, non-state employee travel (mileage, lodging, meals when in overnight travel status and other legal charges necessary in the performance of their services).
39	Total Reportable Expenses	Enter the sum of items 28, 34 and 37
40	Total 1	Enter the sum of the totals in fields 25-38, inclusive in line 1
41	Total 2	Enter the sum of the totals in fields 25-38, inclusive in line 2
42	Grand Total	Enter the sum of amounts shown in fields 39, 40 and 41
43	Travel Advance	Enter the total amount of travel advance received by traveler
44	Employee Signature	Original signature of traveler requesting reimbursement. Must sign name exactly as shown on payroll.
45	Approval signature	Supervisor's original signature approval

Travel Support Document Processing Tips

- All Travel Support Documents must be submitted to the Accounting Department within 30 days of the expense or before the end of the fiscal year. Whichever comes first.
- When signing a Travel Support Document, the name must be exactly as shown on state payroll.
- Generally, personal vehicles should **not** be used if there is a vehicle available in the motor pool. However, use of a personal vehicle when an employee elects not to use a motor pool vehicle is allowed when an **Authorization of Reimbursement for Personal Vehicle Use form has been completed and approved by the Director/Deputy Director prior to the date of travel**. The approved original must be submitted as part of the supporting documentation for the Travel Support Document.
- In determining the maximum amount of subsistence for meals that may be reimbursed, the following time schedule will be adhered to (as of June 2005):

	<u>In state</u>	<u>Out of state</u>	<u>Depart before</u>	<u>Return after</u>
<u>Breakfast</u>	\$6.00	\$7.00	6:30 am	11:00 am
<u>Lunch</u>	\$7.00	\$9.00	11:00 am	1:30 pm
<u>Dinner</u>	\$12.00	\$16.00	5:15 pm	8:30 pm
<u>Maximum</u>	\$25.00	\$32.00		

- Any meals or lodging included in the cost of a conference or convention registration fee must be deducted. (See item 21 for preparation of Travel Support Document)
- Six dollars may be claimed for breakfast if the employee is in travel status for more than six hours after 8:30 pm the night before.
- When a continental breakfast is provided, the employee is not required to use this offer.
- A reception is not considered a meal
- A banquet is considered a meal.
- Brunch is considered a breakfast.
- If two employees lodge together, the rate must be split and claimed evenly between the two. The name of the person the employee rooms with must be noted on the front of the Travel Support Document.
- If a guest or spouse other than another employee rooms with an employee, the single room rate only may be claimed. If the single room rate is the same as the double rate, a statement to that fact must be written on the front of the Travel Support Document at the bottom of the form.
- Original itemized receipts from hotel, parking, gas, etc. must accompany the Travel Support Document when submitted for processing. When parking charges are incurred at a temporary duty site, those charges should be indicated in the miscellaneous column (19) of the Travel Support Document. If it is not listed individually on the hotel receipt, a separate receipt is required.