In State Travel

Forms may be found here:

https://www.una.edu/controller/index.html

University travel policy may be found here:

https://www.una.edu/controller/una-travel-policy-updatedfeb2022.pdf.

- Forms should be submitted within 60 days of the travel occurrence.
- No travel allowance is paid for a trip less than 6 hours in duration.
- You may <u>NOT</u> receive per diem if a University of North Alabama purchasing card has been used to pay for your accommodations.
- Please include an agenda, name tag, or some type of proof of what occurred at your destination that made it University business.
- The overnight per diem allowance covers lodging, meals, and gratuities.
- 1. Please complete the top portion of the form to include your name, title, employee ID, base address, and purpose of the trip.
 - *** For the address, please remember to use the closest of your base or UNA if the two are different. If you claim an

address other than the base, we will use the location that calculates the lowest mileage.

UNIVERSITY OF NORTH ALABAMA 2023 CLAIM FOR IN-STATE TRAVEL EXPENSES								University of NORTH ALABAMA				
NAME:						TITLE:						
EMPLOYEE ID #:					AD	DRESS:						
PURPOSE OF THE TI	RIP:											

2. Subsistence-

Please complete the Subsistence section to include the points departing from and arriving to and your departure and arrival times. If your travel time is 6-12 hours in length, you will enter \$12.75 in the "6-12HRS" column. If your travel time is >12 hours, you will enter \$34.00 in the ">12HRS" column (unless your travel is overnight). In the "Number of Travel Days" area, you will use this area for any overnight travel that has occurred.

In State:

6-12 Hours = \$12.75

>12 Hours = \$34.00

1 overnight stay = \$85.00 per day = \$170.00 total

2 overnight stays=\$100.00 per day = \$300.00 total

SUBSISTENCE											
POINT OF TRAVEL		DEPARTURE		RETURN TO BASE		6-12 HRS >12 HRS		Number of			OTAL
FROM TO		DATE	TIME	DATE	TIME	\$12.75	\$34.00	Travel Days		1	OIAL
				05/04/23					\$0.00	\$	-
UNA	Spain Park High School	05/06/23	8:00 a.m.	05/06/23	5:00 p.m.	\$ 12.75			\$0.00	\$	12.75
				05/08/23			\$ 34.00		\$0.00	\$	34.00
UNA	Baldwin County High School	05/11/23	8:00 a.m.	05/12/23	5:00 p.m.			2	\$170.00	\$	170.00
UNA	Baker High School	05/15/23	8:00 a.m.	05/17/23	5:00 p.m.			3	\$300.00	\$	300.00
									\$0.00	\$	-
TOTAL SUBSISTENCE:										\$	516.75
*For overnight travel, enter the number of days under the column "Number of Travel Days" beginning with the											
first day of travel and ending with the day returned to base.											

3. Private Mileage or Commercial Fares-

This section should match the subsistence section concerning the days reported. You will report your mileage in this area.

***For any mileage claimed, there should be a map attached that supports the claim. The mileage claimed on your form should match the map. Each .1 mile matters as we are bound by the laws of the State of Alabama for reimbursement amounts.

PRIVATE MILEAGE OR COMMERCIAL FARES											
POINTS			PRIVA	TE CAR					T	OTAL	
FROM	ТО	DAT	DATE		MILES		MODE OF TRAVEL			10	JIAL
UNA	Huntsville High School	05/04	/23	148	3.40		Private C	ar		\$	97.20
UNA	Spain Park High School	05/06	/23	270	0.60		Private C	ar		\$	177.24
UNA	Prattville High School	05/08	/23	390	0.00	Private Car		ar		\$	255.45
UNA	Baldwin County High School	05/11	/23	691	1.80		Private C	ar		\$	453.13
UNA	Baker High School	05/15	/23	765	5.20		Private Car			\$	501.21
										\$	-
TOTAL TRANSPORTATON EXPENSE:											484.23

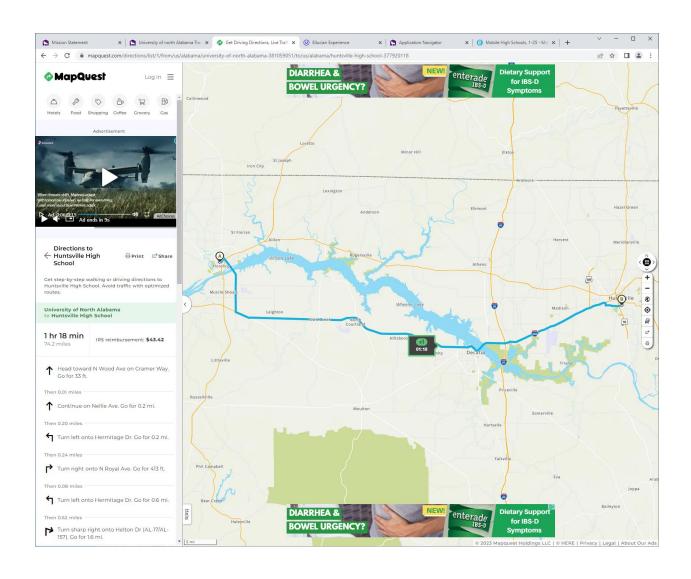
4. Miscellaneous Expenses-

Please submit any miscellaneous expenses in this area. You will need to attach itemized receipts for any allowable miscellaneous expense here. For this packet to be complete, you would remit the In-State Travel form and the maps that support the mileage claim.

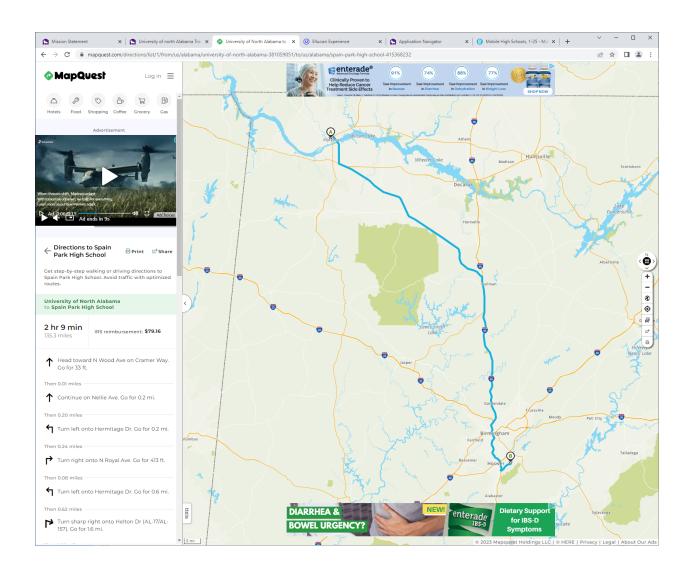
First page of remittance:

UNIVERSITY OF NORTH ALABAMA University of NORTH ALABAMA 2023 CLAIM FOR IN-STATE TRAVEL EXPENSES NAME: TITLE: Assistant Professor, Biology Jane Doe EMPLOYEE ID #: L00000000 ADDRESS: 123 Anywhere St. Florence, AL 35630 PURPOSE OF THE TRIP: Student Recruiting SUBSISTENCE POINT OF TRAVEL DEPARTURE RETURN TO BASE | 6-12 HRS | >12 HRS | Number of TOTAL FROM Travel Days DATE TIME DATE TIME \$12.75 \$34.00 UNA Huntsville High School 05/04/23 8:00 a.m. 05/04/23 12:00 noon \$0.00 UNA Spain Park High School 05/06/23 8:00 a.m. 05/06/23 5:00 p.m. Prattville High School 05/08/23 8:00 a.m. 05/08/23 10:00 p.m. Baldwin County High School 05/11/23 8:00 a.m. 05/12/23 5:00 p.m. \$0.00 \$ 34.00 34.00 UNA \$0.00 UNA **\$170.00** \$ 170.00 **\$300.00** \$ 300.00 UNA Baker High School 05/15/23 8:00 a.m. 05/17/23 5:00 p.m. \$0.00 TOTAL SUBSISTENCE: \$ 516.75 *For overnight travel, enter the number of days under the column "Number of Travel Days" beginning with the first day of travel and ending with the day returned to base PRIVATE MILEAGE OR COMMERCIAL FARES POINTS OF TRAVEL PRIVATE CAR TOTAL DATE MILES MODE OF TRAVEL UNA Huntsville High School 05/04/23 Private Car 96.94 UNA Spain Park High School 05/06/23 260.00 170.30 Private Car 05/08/23 UNA Prattville High School Private Car \$ 255.45 390.00 Baldwin County High School 05/11/23 690.00 \$ 451.95 Private Car UNA Baker High School 05/15/23 764.00 Private Car \$ 500.42 TOTAL TRANSPORTATON EXPENSE: \$1,475.06 MISCELLANEOUS EXPENSES DETAIL ALL MISCELLANEOUS EXPENSES; FURNISH ORIGINAL RECEIPTS AS REQUIRED TOTAL MISCELLANEOUS EXPENSE: \$ I hereby certify that the travel and expenses indicated hereon were incurred in the performance of official duties pursuant to travel authority granted to me. I have not and will not be reimbursed for these expenses by any other organization. I agree to the rate at which I am being reimbursed and that no expenses herein have been previously submitted. RECAPITULATION OF AMOUNT TOTAL EXPENSES TRAVELER'S SIGNATURE DATE SUBSISTENCE EXPENSES \$ 516.75 TRANSPORTATION EXPENSES \$1,475.06 MISCELLANEOUS EXPENSES COST CENTER HEAD DATE TOTAL EXPENSES \$1,991.81 DEAN APPROVAL DATE TOTAL REIMBURSABLE EXPENSES **EXPENSES MAY BE CHARGED TO MORE THAN ONE ACCOUNT DESCRIPTION OF ACCOUNT ACCOUNT AMOUNT INDEX FUND TOTAL BUSINESS OFFICE APPROVAL ISSUE 1099 DATE RECEIVED YES NO

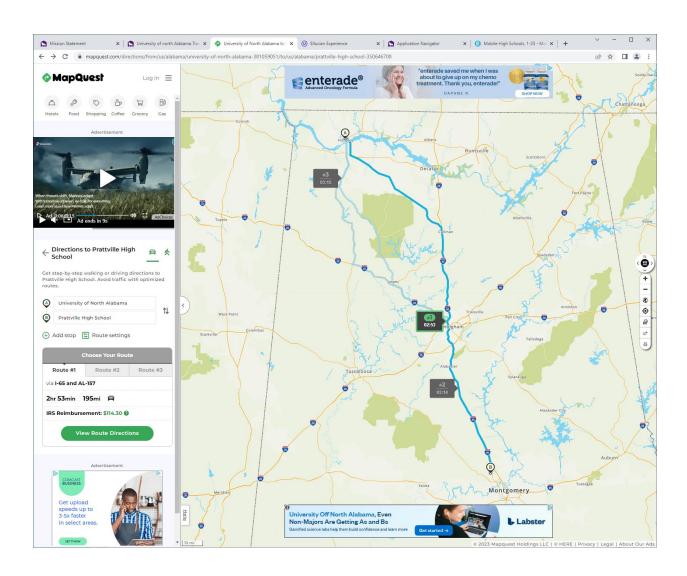
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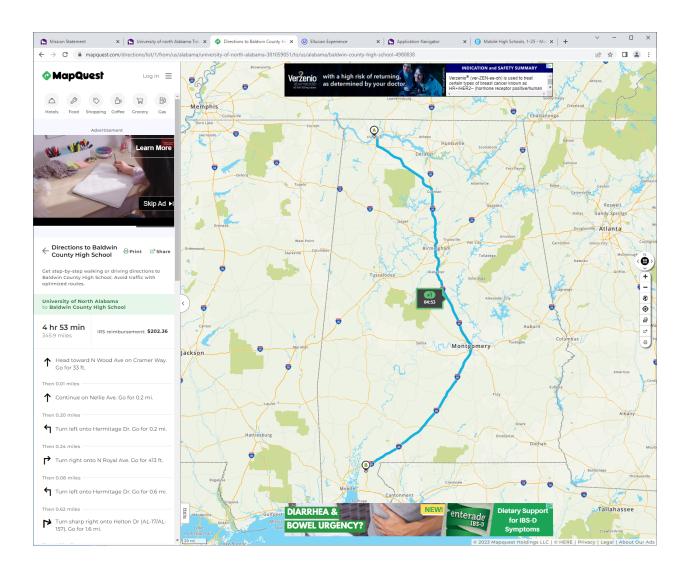
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