

Individual Travelers for MSU can be either Non-employees or Employees

NON-EMPLOYEES: Identified as any traveler not on MSU Payroll. These can be students, guest speakers, etc.

Non-Employees follow the same State of Montana travel rules and regulations as employees, with some exceptions:

- No access to State Vehicles / reimburse mileage at the current high rate, up to 1,000 miles, then middle rate applies
- Usually not eligible for government rates for lodging / reimburse actual lodging
- Not eligible to be reimbursed for unreceipted expenses / only employees can be reimbursed for daily incidentals up to \$25.00 without a receipt
- Can be reimbursed for meals using the meal p/d rate or by itemized receipt(s)
- Travel Authorization (TA) is not required/Travel Expenses Voucher (TEV) is not required
 - Except for MSU students – TA and TEV is required

TYPICALLY, NO RECEIPT, NO REIMBURSEMENT

EMPLOYEES: Identified as any traveler on MSU Payroll. These can be Grad Students, Faculty, and Staff

Employees follow the same State of Montana travel rules and regulations regardless of the funding source they are using to travel on.

CHANGES COMING TO MSU ON HOW EMPLOYEE TRAVEL

WILL BE HANDLED – CHROME RIVER

**Electronic processing: at the approval stage
of expenses on the Purchasing Card
of reimbursements**

Steps for travel will continue to be the same:

- 1) Pre-travel planning by the traveler, will be very important.
- 2) Obtaining Approval to Travel (whatever form it takes)
- 3) Traveling
- 4) Recapping expenses of trip and being reimbursed

PLANNING THE TRAVEL:

Funding source?

Estimated Expenses?

Combining Business and Personal Travel?

Need Advance?

Tools to help with planning:

Attached examples of trip planning worksheets

Travel Recap Sheet

OBTAINING APPROVAL TO TRAVEL:

Continue with the current Travel Authorization form (copy in packet)

Complete electronic Travel Authorization through Chrome River

Complete for all employee and student travel (file at department)

Routing - In/State: required for travel advances and submit with lodging expense if claiming actual cost lodging

Routing - Out/State: requires preapproval from OSP for grant/IDC indexes; and submit with expenses on either the P-card report or with the travel BPA.

International Routing: requires preapproval from OSP for grant/IDC indexes; and submit with expenses on either the P-card report or with the travel BPA.

MAKING TRAVEL PURCHASES/TRAVELING: **

Through Policies and Procedures, MSU provides tools to minimize the cost of traveling to the employee.

Policy is to use MSU Purchasing Card for all travel 'purchases'

Airlines/baggage fees/lodging/car rental/taxis/etc.

Obtain Travel Advances if needed

Offset hardship situation for meals/incidentals

Identify Business portion of travel when combining business and personal travel

Obtain comparables to identify 'Business' only portion of travel

RECAPPING EXPENSES OF TRIP AND BEING REIMBURSED:

Continue using the Travel Expense Voucher (copy in packet)

Complete CHROME RIVER EXPENSE REPORT

COMMON MISTAKES THAT HAPPEN ON TRAVEL BPA'S:

Authorization Issues:

Expenses not approved on a grant index

No Travel Authorization

Missing Signature(s)

Policy Issues:

Mileage rate issue

Actual cost lodging (High cost lodging)

Meals p/d rates

Proof of trip for out/state travel

OFFICE OF SPONSORED PROGRAMS

MARY ENGEL – 994-1982

mengel@montana.edu

FISCAL MANAGERS – MAIN OFFICE NUMBER 994-2381

(Planning)

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TRAVEL – (account codes)

62401	Employee In-State	Personal Car Mileage	62411	Employee Out-of-State
62403	Employee In-State	Piloting Aircraft Rental	62413	Employee Out-of-State
62405	Employee In-State	Other	62415	Employee Out-of-State
62408	Employee In-State	Lodging	62418	Employee Out-of-State
62409	Employee In-State	Car Rental	62419	Employee Out-of-State
62410	Employee In-State	Meals overnight	62430	Employee Out-of-State
62407	Employee In-State	Taxable - Same Day Meals	62417	Employee Out-of-State
62406	Employee In-State	Taxable - No Receipt Lodging	62416	Employee Out-of-State
62436	Employee In-State	Taxable - No Receipt Lodging – Training	62447	Employee Out-of-State

62426 Employee Foreign Travel

Criteria for Employee Same-day Taxable Travel

Personal meals are taxable; business meals are exempt if you document who they met with and business discussed at the meal(s).
Lodging – no receipt (regardless of trip length or purpose).

- 62494 Non-Employee Travel – Mileage
- 62495 Non-Employee Travel – Meals
- 62497 Non-Employee Travel – In-State Lodging
- 62498 Non-Employee Travel – General

OTHER RELATED EXPENSES:

- 62809 EDUCATIONAL/TRAINING COSTS – Includes light refreshments, meals served during seminars, workshops, professional meetings or conferences. Hospitality Form required for food over \$30.00 with list of Attendees.
- 62810 RELOCATION – As of 1/1/18 paid in HR. Use Relocation Allowance Request Form on HR website.
- 62815 RECRUITING – Travel, meals, lodging for position candidates. Not advertising (see 62316 or 62317 for advertising). Hospitality Form required for food over \$30.00 with list of Attendees.
- 62817 REGISTRATION FEES – Conference and meeting registrations
- 62824 ENTERTAINMENT – Costs related to University approved entertainment. Hospitality Form required for anything over \$30.00 with list of Attendees. (Not allowed on OSP funds)

(As of 7/01/19 for In-State rates) (As of 10/01/18 for Out-of-State rates)

<u>MEALS:</u>	<u>In-State</u>	<u>Out-of-State</u>
Breakfast (must leave before 7) (12:01 am – 10:00 am)	\$7.50 (B&L=16)	\$13.00 (B&L=27)
Lunch (must ret after 1 leave before 12) (10:01 am – 3:00 pm)	\$8.50 (L&D=23)	\$14.00 (L&D=37)
Dinner (must return after 6) (3:01 pm – 12:00 Midnight)	\$14.50 (B&D=22)	\$23.00 (B&D=36)
	\$30.50	\$50.00

For meal reimbursement - must be in travel status more than 3 hours within timeframe of meals and be at least 15 miles away from work or home.
International with receipts: actual up to 80% daily GSA rate for city
International without receipts: \$36.00 per diem only: \$7-(b) \$11-(l) \$18-(d)

(PER MILE) MILEAGE RATE FOR CALENDAR YEAR 2019 (as of January 1, 2019):

- 58.0 cents – High Rate** allowable reimbursement when traveler uses personal car and qualifies for higher rate. TO QUALIFY: Travel Expense Voucher must list the ‘business’ reason for personal vehicle use and traveler must sign verifying the exception. (See travel policy for list of approved exceptions.)
- 55.0 cents** – over 1,000 miles compiled in same calendar month (traveler has qualified for **high rate**).
- 27.9 cents – Standard Rate** allowable reimbursement if rental or state-owned vehicle is available & traveler chooses to take personal vehicle.

LODGING: (IN-STATE) & (OUT-OF-STATE) <https://www.gsa.gov/travel/plan-book/per-diem-rates>

No Receipt: \$12.00 Current Federal standard rate is \$96.00 per night (plus taxes) as of October 1, 2019. Exception is high-cost cities. If a rate is claimed that is higher than standard or high-cost city rate, then the **Actual Cost of Lodging Section** of the Travel Justification form must be completed.

MONTANA STATE UNIVERSITY
LAND RESOURCES AND ENVIRONMENTAL SCIENCES

REQUEST AND JUSTIFICATION FOR OUT-OF-STATE TRAVEL

Employee	Banner ID Number

PURPOSE OF TRAVEL

Where: _____

Why: _____

ITINERARY

DEPARTURE DATE: _____

RETURN DATE: _____

Mode of Travel:

Airline Rental Car State Car Personal Car Railroad Leased Vehicle Private Plane

Estimated Cost:

Airfare _____ Meals _____ Registration _____

Rental Car _____ Lodging _____ Other (Taxi, etc.) _____

Personal Vehicle Mileage / Distance (Round Trip) _____

	Out-of-State	In State
Breakfast - Leave before 7:00 am	\$ 13.00	\$ 7.50
Lunch - Leave before 11:00 am, return after 1:00 pm	\$ 14.00	\$ 8.50
Dinner - Leave before 4:00 pm, return after 6:00 pm	\$ 23.00	\$ 14.50

SOURCE OF FUNDS:

 Univ / OSP /MAES / Extension

 Other / sponsor

 Index Number

 Estimated Total

 Signature of Traveler

 Date

(Approval)

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Montana State University - All Campuses and Agencies
Travel Authorization and/or Travel Advance Request

Fac/Staff
Student

Traveler's Name _____ Campus/Agency _____ GID# _____

Address (If Not Dept) _____

Department _____ Contact Name/No _____

Banner Index/Acct _____ -OR- Paid by _____ (See Footnote*)

Destination and Purpose of Travel

[Empty box for destination and purpose of travel]

Depart Date/Time _____ Travel is for a business purpose and is within my budget. If for a grant/research project, travel is in accordance with the terms and conditions of the award.

Return Date/Time _____

Leave is approved; classes are covered. Yes No

I am combining this trip with a personal trip. Yes No

Yes No

Mode of Travel: Airline Private Car State Car Rental Car Other _____

Foreign Travel Only	1. Subject to Fly America Restriction? http://www.tvlcn.com/resources/FlyAct.html	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2. Leading Students on a Trip? Leading Students Abroad Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3. Registered with Office of International Programs? International Travel Resource Page	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Request for Actual Cost Lodging (if above state rate)

In-State (check one)

The city is listed on the high cost listing provided by the Department of Transportation

Lodging costs have temporarily escalated due to special function (list function) _____

Emergency travel arrangement precluded being able to find accommodations at state rate (list emergency) _____

Remote Locations with limited accommodation within a 15-mile radius preclude obtaining accommodations at state rate

Out-of-State (all must apply)

Government rates were requested and were not available at the hotel where the employee is staying

Government rates are not available at another hotel within a reasonable distance from the convention hotel

Reimbursement at actual cost is within the appropriation level authorized by the agency

-OR- (either in or out of state)

For personal safety reasons, higher-cost lodging is necessary for this location

TOTAL ESTIMATED EXPENSES		TRAVEL ADVANCE REQUEST (optional) <u>ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD</u>	
Transportation: \$ _____	Meals: _____	Transportation: \$ _____	Meals: _____
Lodging: _____	Registration: _____	Lodging: _____	Miscellaneous: _____
Other: _____		Total: \$ 0.00	
Total: \$ 0.00		Minimum advance is \$50.00	

By my signature I, the traveler/advisor, understand this is an advance and shall be used only for travel purposes. A Travel Expense Voucher will be filed within ten (10) days after returning and will follow all rules and regulations set forth by the State of Montana. Failure to file a Travel Expense Voucher with all supporting documentation will cause a financial obligation to me. Reimbursements may be refused after 90 days.

Signatures and Approval

Employee _____ Date: _____

Supervisor/Advisor _____ Date: _____

Other Approver(s) _____ Date: _____

If you are the final approver, please sign below to authorize travel and/or release payment:

Final Approval _____ Date: _____

* If you receive or apply for any US Public Health Service Funding (Including NIH), ALL travel sponsored or paid for by a third party must be reported. See http://www.montana.edu/research/osp/documents/OSP_Travel_Disclosure_Form.pdf

Montana State University
Sponsored or Reimbursed Travel Disclosure Form

(To be completed by Investigators proposing or performing Public Health Service (including NIH) funded research)

Traveler's Name _____
Position _____
Department _____
Destination _____
Dates of Travel _____
Purpose of Travel _____
Name of Sponsor _____

Describe the relationship of travel to institutional responsibilities:

Nature of sponsored or reimbursed travel expenses (e.g. transportation, hotels, meals, entertainment):

I hereby disclose the above-described travel provided to me free of charge.

Signature

Date

Sponsored or Reimbursed Travel is travel paid for or reimbursed to the employee by a third party. This term does not include travel paid for by MSU using sponsored research funds.

Travel Authorization/ Travel Advance

Instructions

The travel advance and justification form combines the Justification Form, the Travel Advance Form and the Request for Actual Cost Lodging Form.

When should you fill it out?

- For out of state travel, before trip expenses are incurred and travel is performed on behalf of Montana State University campuses and agencies.
- Before travelling, to obtain a travel advance
- If lodging rates are requested above state rates.

What should you do with it once it is completed?

- **Trip Approval and/or Lodging rate approval ONLY:**
 - The original form is required to accompany the BPA and all other pertinent receipts, etc., attached to the Expense Voucher and/or BPA.
 - **Travel Advance:**
 - The original form is required to process a Travel Advance.
 - Upon the business office's receipt of this original, a copy stamped "*For clearing purposes only*" will be returned to you/your department.
 - This stamped copy must be returned with the Expense Voucher, receipts, etc.
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Instructions

1. Check if Faculty/Staff or Student in the upper right-hand corner.
2. Fill in Name, Campus, and Banner-Generated ID# (GID),
3. List your Address.
 - If a travel advance check is to be delivered to your department, you may leave the address information blank.
 - If a check is not to be delivered to your department, list your home address here. This is also applicable if you have signed up for direct deposit for your travel reimbursements
4. List your department and a contact person knowledgeable about your trip, should there be questions about your travel.
5. Note the index/account to be charged for these expenses, or if paid by an external party, list that party. If you receive or apply for any US Public Health Service Funding (Including NIH), ALL travel sponsored or paid for by a third party must be reported, whether or not it is funded by NIH. See <http://www.montana.edu/wwwvr/osp/OSP%20Travel%20Disclosure%20Form.pdf>
6. Describe Destination and Purpose of travel, and any other important details.
7. List Departure Date/Time, Return Date/Time

8. Check the following reminder boxes Yes or No:
 - Leave is approved/Classes Covered
 - Whether you are combining this trip with a personal trip. Note that extending the number of days you will be gone constitutes a "Yes" answer.
 - Affirm that this travel is for business and within your budget, and is appropriate for an award.
 9. Check which mode of transportation is utilized.
 10. Answer the questions in the Foreign Travel shaded box for all foreign travel, and complete additional forms if applicable.
 11. Fill in the Total Estimated Expenses section for your trip.
 12. If requesting an advance, fill in the Travel Advance Request section.
-

Lodging above State Rates

If requesting lodging above approved rates, read and check statements as appropriate. This portion must be completed if the lodging costs exceed the Government approved rates.

13. In-State: Check the **one** explanation that applies.
 14. Out-of-State: All must apply and be checked.
 15. If none of the other reasons apply, but for safety reasons lodging with a government rate cannot be used, check the bottom-most box.
-

Approvals:

16. The traveler must sign the form
17. The traveler's Supervisor, the student's Advisor, PI, whichever is applicable, must sign.
18. Other approvers at the department/campus's discretion may sign (Department Head, Dean Director, VP, Office of Sponsored Programs, MAES, ES, as applicable)
19. Final Approval must be indicated to release payment and approve travel. The person who knows he/she is the final approver should sign here.

(Recap Expenses)

(3)



TRAVEL EXPENSE VOUCHER

NAME ADDRESS	MONTH/YEAR
GID NUMBER	DEPARTMENT
BRIEFLY EXPLAIN NATURE OF TRIP(S)	
INDEX NUMBER	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7)	(7)	(8)	(9)			
DAY	DEP TIM	AM PM	ARR TIME	AM PM	TRAVEL DETAILS	MODE OF TRAVEL	MILEAGE MILEAGE	MILEAGE AMOUNT	LODGING	MEALS	TAXABLE MEALS	OTHER EXPS	TOTAL
1								0.00					0.00
2								0.00					0.00
3								0.00					0.00
4								0.00					0.00
5								0.00					0.00
6								0.00					0.00
7								0.00					0.00
8								0.00					0.00
9								0.00					0.00
10								0.00					0.00
11								0.00					0.00
12								0.00					0.00
13								0.00					0.00
14								0.00					0.00
15								0.00					0.00
16								0.00					0.00
17								0.00					0.00
18								0.00					0.00
19								0.00					0.00
20								0.00					0.00
21								0.00					0.00
22								0.00					0.00
23								0.00					0.00
24								0.00					0.00
25								0.00					0.00
26								0.00					0.00
27								0.00					0.00
28								0.00					0.00
29								0.00					0.00
30								0.00					0.00
31								0.00					0.00
								0	0.00	0.00	0.00	0.00	0.00
													0.00
													0.00

If mileage is claimed above 27.9 cents per mile : I, the Traveler, verify that Enterprise Rent a Car or other state contracted vendor was contacted and a car was not available for use during the dates requested. As a result, my personal vehicle was used. Whom you spoke with: _____ Date: _____

JUSTIFY AND SIGN FOR ANY REIMBURSEMENT ABOVE THE 27.9 CENT RATE FOR 2019.

Signature of Traveler: X _____

Please check the applicable mileage reimbursement rate: 0.279

OTHER EXPENSES

PCARD EXPENSES (FYI Please only include the information, do not include it in the expenses above.)

I hereby certify that this is a valid claim to the State in accordance with statutes and administration procedures _____ X
Signature of Traveler _____ Date _____

SUPERVISORS APPROVAL _____ X
Signature of Supervisor _____

INSTRUCTIONS FOR TRAVEL EXPENSE VOUCHER

- A. Prepare the Travel Expense voucher in original and 1 copy to provide the following distribution
 1. Original Business Office
 2. 1 Copy Employee keeps
- B. Record your name, campus PO Box or personal address, and social security number
- C. Indicate the month for which the travel took place, and your department name
- D. Indicate the general purpose of the travel. IE Attendance at a training conference, personal contact with clients, audit of state agency, etc.
- E. Complete the portion of the form as indicated below (See MOM Vol. 1 Chapter 300 for additional instructions)

Column Requirement

- 1 Departure and place an A for AM or a P for PM
- 2 Record the time of arrival and place an A for AM or a P for PM
- 3 Describe the travel destination in terms of departure point, destination point and points en route
- 4 Code the mode of travel as follows

SC = State Car	CA = Commercial Airline	PT = Passenger Train
PC = Private Car	PA = Private Aircraft	OT = Other (Explain)
SA = State Aircraft	RC = Rental Car	
- 5 Indicate total car mileage or nautical air miles if personal car or aircraft was used. When more than one employee shares personal transportation, only one mileage allowance may be claimed
- 6 Enter extension amount for mileage allowed calculated as follows

A. Private Car Total mileage (column 5 x rate) rounded to the nearest cent first.

Private car mileage is 58.00 cents per mile for the 'high rate'
(first 1,000 miles in a month and qualifying for the 'high rate');

55.00 cents per mile for the middle rate; (over 1,000 miles in a month, otherwise qualifying for the 'high rate');

27.90 cents per mile for the 'low rate'; (for using a personal car when a rental or state car was available)

B. Private Aircraft Total nautical air mileage (column 5 x rate) rounded to the nearest cent

Private Aircraft Mileage is \$1.16 per nautical mile

*Calculation for nautical miles is

1.0 Nautical Miles = statutory miles (map miles) divided by 1.15

TRANSPORTATION	IN STATE	OUT OF STATE
Private vehicle	27.90 cents/mile	27.90 cents/mile
Private vehicle used requirements met, traveling less than 1,000 miles	58.00 cents/mile	58.00 cents/mile
Private vehicle used requirements met, traveling more than 1,000 miles in a month the balance over 1,000 miles	55.00 cents/mile	55.00 cents/mile
Private aircraft	1.16/Nautical mile	1.16/Nautical mile
State vehicle	NONE	NONE
Public Transportation	actual/reasonable	actual/reasonable

Rates as of January 1, 2019

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Enter the amount of expense allowed based on the following schedule

MEALS

Travel Time	In-State	Out-of-State
A. Three hours or less	none	none
A. Greater than 3 hours (In travel status at least 3 hours within each of the ranges below)		
Morning 12:01 am – 10:00 am	\$ 5.00	\$ 13.00
Midday 10:01 am – 3:00 pm	\$ 6.00	\$ 14.00
Evening 3:01 pm – 12 midnight	\$12.00	\$ 23.00

1. Maximum one meal allowed per normal work shift
2. Maximum two meals if travel commenced more than 1 hour before or terminated more than one hour after employee's normally assigned work shift
3. Use taxable meal column to record in-state meals (non-overnight travel)

LODGING

Actual cost + tax on allowable rate In-state =\$94.00 Federal = \$94.00
(Must have a receipt)

If no receipt is available \$12.00 \$12.00

****LODGING JUSTIFICATION AND APPROVAL MUST BE ATTACHED****

8 Enter all expenses entitled for reimbursement and not provided in mileage allowance or expense rate. For example: Airline ticket, taxi fare. Receipts are to be obtained except for small amounts and attached to the agency copy of the Travel Expense Voucher. All "Other Expenses" are to be itemized by date in the block provided and explained on the bottom of the voucher.

9 Enter total amount allowed by day

10 Enter column totals for Columns 5-9 on line 10

11 If travel advance is applicable, indicate the amount received

12 If the total of line 11 is less than line 10 enter the difference on line 12

13 If line 11 is more than line 10 enter the amount due the state

F The Travel Expense Voucher must be signed by the employee claiming the expenses and filed within 90 days

G. The Travel Expense Voucher must be approved by the employee's supervisor or authorized agency official