



NON-EMPLOYEE TRAVEL VOUCHER CHECKLIST

These are the things you will need to include when completing a travel voucher for non-employee travelers.

Travel voucher forms and information can be found on Millersville travel page ([Travel Information | Millersville University](#)).

Requirements

- Complete top portion of form with complete name, address, department, purpose of travel and SAP number if available (May require a W9 and Vendor request form if not set up in SAP. Attach to submission if you have them already).
- Be sure there is a travel voucher number in top right of form and the traveler and supervisor sign bottom of the form.
- A completed and signed travel Request (Required for any travel).
- Itemized receipts for hotels, transportation, meals, etc. (We cannot reimburse anything without the receipt being itemized).
- Mileage broken down by date and a breakdown of the mileage will need to be included as well. (Excel sheet breaking mileage down or snapshot of GPS showing the mileage).
- Complete the GL account and cost center/ WBS/ internal order section with correct allocation information.

Once everything is completed and ready for payment, please send to (Accounts.Payable@Millersville.edu).

**MEAL REIMBURSEMENT FOR
NON-OVERNIGHT TRAVEL
Millersville University**

No. TV

Note: An employee who works more than two hours before the normal start of the work day or past the scheduled quitting time in non-overnight travel status will be reimbursed for the cost of the meal, up to a maximum rate established by the chancellor. This applies only if the assignment takes the employee 50 miles or more from both residence and headquarters.

The below form is to only be used to request a reimbursement for the cost of a meal while in non-overnight travel status.

Doc # _____

Traveler's Name (Print Clearly)					Bargaining Unit		Department				
Employee SAP#							Year	Amount	GL Account/Commitment Item	Cost Center/WBS/Internal Order	
Purpose of Travel:					Travel Request #						
					Travel Request #						
Date (xx/xx/xx)	Travel Time		Normal Hours Worked		List Destination	Mileage of Destination		Eligible Meal Reimbursement	Per Diem Rate	Bargaining Agreement Y/N	
	Lv	Ret	Start	End		From Home	From Campus				
								Total			

I certify that the statement and expenses claimed are correct, reasonable, and were incurred in the performance of University duties and that I have not and will not accept reimbursement of any of these expenses from any other source.

Traveler Signature and Date

Supervisor Signature and Date

Approved by:

Purchasing Director

*Subsistence Reimbursement for non-overnight travel allows up to \$8 per day when guidelines met. (Except where Bargaining Agreement supercedes this rate).

FOR PAYROLL USE

Travel Request

Millersville University

MU 11/14

No. _____

See Policy Statement 340.01 for Travel and Subsistence Regulations

Doc # _____

Traveler's Name _____
Last Name First Name

Employee SAP# _____

Department Name _____

Charge to: Cost Center/WBS/Internal Order _____

Campus Telephone Ext. _____

Date of Departure _____

Date of Return _____

Destination _____

International Travel:

I will be traveling to Cuba, Iran, North Korea, Syria, or Sudan

I will be traveling to Albania, Armenia, Azerbaijan, Belarus, Cambodia, China, Georgia, Iraq, Kazakhstan, Kyrgyzstan, Laos, Libya, Macau, Moldova, Mongolia, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan or Vietnam

If you have checked either box above, you must read and complete pages 2 & 3

Justification for Travel _____

Provisions for classes during absence: _____

Prepay Registration Fee Amount: \$ _____
(Attach completed registration materials)

Payee Name/ Address _____

Prepay Transportation Amount: \$ _____
(Attach receipts and ticket/itinerary)

Invoice # _____ Date _____

Payee Name/ Address _____

Estimated Cost Air Rail Bus \$ _____
(check one)

MU State Vehicle: Yes No \$ _____

Enterprise Vehicle will be used Yes No \$ _____

Personal Car _____ miles @ _____ \$ _____

Lodging \$ _____

Name of Hotel and justification for stay (closest, conference preferred, state rate)

Subsistence \$ _____

(Meals included in registration: ___ Breakfast ___ Lunch ___ Dinner)

Registration Fees \$ _____

Miscellaneous (Taxi, Tolls, Shuttle, Parking) \$ _____

Total Estimated Costs \$ _____

Payment Limited To \$ _____

Prepay Hotel Deposit (Attach hotel invoice) Amount: \$ _____

Invoice # _____ Date _____

Payee Name/ Address _____

Traveler's Signature: _____ Date _____

Approvals: Responsible Person _____ Date _____
(Financial Manager)

Dean/Vice President* _____ Date _____

*Dean's signature required for all faculty travel. Dean or Vice President required for all international travel.

EXPORT CONTROL CHECKLIST

Complete ONLY if boxes under International Travel on page 1 are checked

Your answers to the questions below will help MU determine whether any aspect of your sponsored research project will be subject to export control regulations. If funded will your project:

- | | | |
|-----|----|--|
| Yes | No | 1. Involve encryption software? |
| Yes | No | 2. Involve activities related to the proliferation of nuclear, chemical, or biological weapons or missile technology? |
| Yes | No | 3. Involve any sanctioned countries, or travel to sanctioned countries? (See lists on Dept. of Treasury Sanctioned Countries or Dept. Commerce Lists to Check and Department of State Country Policies and Embargoes List) |
| Yes | No | 4. Involve materials, technology, or services listed on the EAR/Commerce Control List or the ITAR/U.S. Munitions List or otherwise specifically designed, developed, configured, modified or adapted for military or space-based applications? |
| Yes | No | 5. Involve specific access and dissemination restrictions (e.g., restrictions of participation by foreign nationals, or restrictions of publication-including reporting of the research results) or presentation at conferences? |
| Yes | No | 6. Involve participation of foreign nationals in the U.S.? |
| Yes | No | 7. Involve entities or individuals identified on any of the lists linked above? |

If you have answered 'Yes' to any of the questions above, your responses to the next questions regarding information and software only will assist in deterring if an exclusion applies.

- | | | |
|-----|----|--|
| Yes | No | 1. Will all the information and software involved in your research published and generally accessible to the Public through at least one of the following:
a. Publication for distribution;
b. Subscriptions available without restrictions;
c. Website available free of charge;
d. Libraries open to the public;
e. Patents and published patent applications;
f. Instruction in commonly taught courses; or
g. Presentation at an open conference or seminar? If presentation occurs outside U.S., please indicate here: _____ |
| Yes | No | 2. Will the information and software involved in your research meet all the following criteria?
a. Results are from research conducted at an accredited institution of higher Education in the U.S.;
b. Is ordinarily published and shared broadly within the scientific community;
c. Is not restricted (either through written or oral agreement) for proprietary reasons or National Security Controls; and
d. Is not subject to specific U.S. Government access and dissemination controls. |

Export License Exception Certification
Complete ONLY if boxes under International Travel on page 1 are checked

Unlike the export of information resulting from fundamental research, the export of tangible items, commercial software and encryption code is subject to export control regulations. The Export Administration Regulations (EAR) however, make an exception to license requirements for the temporary export or re-export of certain tangible items or software for professional use as long as specific criteria to which you are certifying are met.

NOTE: This certification does NOT apply to laptops, PDAs, cell phones or digital storage devices incorporating information or software code designed for use in/with satellites, spacecraft or other defense articles that is not already in the public domain. If this situation applies to you, contact your university's designated office for an export license determination.

Detailed description of item to which this certification applies:

(Brand/Model and PASSHE/University Barcode Tag Number/Serial Number (if any) of items(s), list of software installed, etc. Continue on additional sheet if needed.)

By my signature below, I certify that:

1. I will take the items, technology or software abroad ONLY as a "tool of trade" to conduct University business;
2. I will return the items, technology or software to the U.S. no later than 12 months from the date of leaving the U.S. unless they are certified by me to have been consumed or destroyed aboard during this 12 month period;
3. I will keep the items, technology or software under my "effective control" while abroad (defined as retaining physical possession of an item or maintaining it in a secure environment – such as a locked hotel business office safe (not a hotel room safe) or secure facility);
4. I will not take the items to Cuba, Iran, North Korea, Syria, or Sudan unless I have received approval from PASSHE's Export Control Officer in writing;

Signature _____

Typed Name _____

Date: _____

*Please contact the designated export control officer for any questions.

*Please keep a signed copy with you when traveling abroad or in your files.