Resident Support Fund Checklist

**HOUSE OFFICER INFORMATION**

Name: ________________________________  Travel Start date: ________________

Specialty: ________________________________  Travel End date: ________________

**Travel Authorization**

☐ Please type this web address in your web browser: mypack.ncsu.edu. This address should take you to mypack portal.

☐ Click on the link that says: NCSU Faculty/Staff/Students

☐ Please log in with your unity Id and password.

☐ Under the Employee Self Service Section, Find the Travel Center Icon and Click on it. It may ask you to set up a traveler profile if this is your first time, Please see Traveler Profile Set up for instructions. Please see your department accountant for a default account number.

☐ Please click on the link that says Create Authorization. DO NOT CREATE A TRAVEL REIMBURSEMENT.

☐ Please be sure to verify that your name is correct and your department information is displayed correctly.

☐ Under Supervisor ID: please type SLMARKS and hit Enter. You should see SLMARKS and Steven L Marks listed. You may have to search for him under the magnifying glass if the previous method does not work.

☐ Travel type should reflect Individual.

☐ Fill out the basic travel details. Your travel time should start from when you leave your house or the school to when you arrive back to the school or your house.

☐ Please fill out the purpose and under Category please list Presentations.

☐ Under the Comments section please be sure to say “Reimburse up to $1000.00 per Dr. Marks” and Include: “The funding source should be 355017-09742”

☐ Under the Estimated Expenses, please be sure to include all cost associated with the trip. Remember we will cover up to 1000 dollars of the cost. Cost should include registration, dining, hotel, flight (if necessary), parking, baggage claim, taxi, bus fare, train, and etc.

☐ Under Document Upload, Please include PDF copies of The Agenda or schedule for the conference

☐ Under Funding Source please keep the generated source. Primary listed one will be from your department.

☐ Verify all information that has been provided is correct to ensure accuracy. Then submit for approval.

**EMAIL TO ASSISTANT OF ASSOCIATE DEAN AND DIRECTOR OF VETERINARY MEDICAL SERVICES**

☐ Please send an email to Dr. Marks assistant with the following:

  • Copy of the Travel Summary (also known as the Travel authorization.

  • Indicate if you are presenting or using the extra funds allocated for Continuing Education.

**PAYMENT FOR YOUR TRIP**

☐ You are allocated up to $1000.00 per trip. Prepayment can be arranged with Bobbie Fox (Roberta Fox) in accounting. Please see her for pre-payment.

**IMPORTANT INFORMATION TO NOTE:**

☐ Please contact Bobbie Fox in regards to this matter. Please remember you only receive $1000 per trip. Be sure to include detailed information relevant to the pre-payment requested. Once this is complete, you have completed all the information required for the Resident Support Fund.

  For Example: Hotel: I need which hotel, how many nights, if early check in is needed, address information, and etc.
Once your travel has been completed, please turn in the CVM Travel Reimbursement Checklist to Bobbie Fox with the items you are seeking to be reimbursed for. Be sure to include the receipts. Please see example B. (Please see example C for mileage reimbursement)

If you pay for the trip up front, you can be reimbursed before the trip for the conference registration and flight. For Pre-Travel Reimbursement, please fill out the CVM Reimbursement form and turn it in to Bobbie Fox. Please see example A.

Receipts must include the last four digits of your card number:

Please see attachments for further guidance.
CVM Pre-Travel Reimbursement

Voucher #
Invoice #
Invoice Received
Goods Received Prepay
College Approval & Date

TA# 00123456

Requestor: Susie Que
Printed Name (first, middle initial, & last)

Requestor Signature: __________________________ Date: 5-27-15

Current Home Address: 1234 Home Ave
Address
RALEIGH, NC 27615
City, State, & Zip Code

Approval Signature: __________________________ Date: 5-27-15

Approver Printed Name & Title: Paula Cray, Dept Head PhP

PROJECT /PHASE #: 123456 78910

Airfare Amount 418.99 Attach Itinerary showing proof of payment

Registration Amount 265.83 Attach Registration Form and Proof of payment

**Other ________________________ Attach Detailed Receipt

**Other reimbursements are considered on a case by case basis. Normally, airfare & registration are the only pre-travel reimbursements that are allowed.

TOTAL AMOUNT REQUESTED: 1683.99

***PAID RECEIPTS AND FORM COMPLETION IS REQUIRED TO RECEIVE REIMBURSEMENT***
You're all set for your trip!

Southwest

Ready for takeoff!

Thanks for choosing Southwest for your trip! You'll find everything you need to know about your reservation below. Happy travels!

Upcoming Trip: 05/17/15 - Denver

AIR Confirmation: 88G91X  
Confirmation Date: 04/28/2015

Passenger(s)                               Rapid Rewards #   Ticket #   Expiration   Est. Points Earned
20066105872                                  5262103902355     Apr 27, 2016  2181

Rapid Rewards points earned are an estimate. Visit your My Southwest Southwest account or Rapid Rewards account for the most accurate totals, including A List & A List Preferred bonus points.

Date          Flight     Departure(Arrival)

Sun May 17    2585  Depart RALEIGH/DURHAM, NC (RDU) on Southwest Airlines at 09:05 AM
                Arrive in DENVER, CO (DEN) at 10:50 AM
                Travel Time 3 hrs 45 mins
                Wanna Get Away

Sat May 23     3235  Depart DENVER, CO (DEN) on Southwest Airlines at 4:55 PM
                    Arrive in RALEIGH/DURHAM, NC (RDU) at 10:15 PM
                    Travel Time 3 hrs 20 mins
                    Wanna Get Away

What you need to know to travel:

https://snt149.mail.live.com/ol/mail.mvc/PrintMessages?mkt=en-us
• Don't forget to check in for your flight(s) 24 hours before your trip on southwest.com or your mobile device. This will secure your boarding position on your flights.
• Southwest Airlines does not have assigned seats, so you can choose your seat when you board the plane. You will be assigned a boarding position based on your check-in time. The earlier you check in within 24 hours of your flight, the earlier you get to board.
• WiFi, TV, and related services and amenities may vary and are subject to change based on assigned aircraft.

Remember to be in the gate area on time and ready to board:

• 30 minutes prior to scheduled departure time: We may begin boarding as early as 30 minutes prior to your flight's scheduled departure time. We encourage all passengers to plan to arrive in the gate area no later than this time.
• 10 minutes prior to scheduled departure time: All passengers must obtain their boarding passes and be in the gate area available for boarding at least 10 minutes prior to your flight's scheduled departure time. If not, Southwest may cancel your reserved space and you will not be eligible for denied boarding compensation.
• If you do not plan to travel on your flight: In accordance with Southwest’s No Show Policy, you must notify Southwest at least 10 minutes prior to your flight’s scheduled departure if you do not plan to travel on the flight. If not, Southwest will cancel your reservation and all funds will be forfeited.

Cost and Payment Summary

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<tr>
<td>Excise Taxes</td>
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<tr>
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<td>Per Diem for 11th Security Fee</td>
<td>$11.20</td>
</tr>
<tr>
<td>Total Air Cost</td>
<td>$418.99</td>
</tr>
</tbody>
</table>

Payment Information

- Payment Type: Amer Express XXXXXXXXXXXX1017
- Date: Apr 28, 2015
- Payment Amount: $418.99
Thank you for registering for the ATS 2015 International Conference in Denver, CO. Starting in the third week in January 2015, you may register for courses, seminars and workshops. You will receive notification when these become available.

Badges will NOT be mailed in advance of the conference. Please print this confirmation page and bring it to the Pre-Registration Badge Pick Up area in the Colorado Center to have your badge printed for you.

Name:
Hospital/Institution: NCSU
Badge Number: 202212

Dear

Thank you for registering for the ATS 2015 International Conference in Denver, CO. Starting in the third week in January 2015, you may register for courses, seminars and workshops. You will receive notification when these become available.

Badges will NOT be mailed in advance of the conference. Please print this confirmation page and bring it to the Pre-Registration Badge Pick Up area in the Colorado Center to have your badge printed for you.

Name:
Hospital/Institution: NCSU
Badge Number: 202212

202212 In Training Non-Member
202212 In Training Non-Member - $265.00
1/14/2015 VI - (XXXXXXXXXXXX1409)
1/14/2015 VI - (XXXXXXXXXXXX1409) - $265.00

Item Total $265.00
CVM TRAVEL REIMBURSEMENT RECEIPTS CHECKLIST

Please complete the applicable information below, place receipts inside envelope and return to Bobbie Fox for processing.

Name: Susie Que ___________________________ TA#: 00143298

Traveler Status: Employee ☑ Non-employee ☐ Student ☐

Destination: From Raleigh, NC To Denver, CO

Departure Date & Time: 5-17-15 7:15 a.m. Return Date & Time: 5-23-15 11:15 p.m.

TRANSPORTATION:
☐ Personal Car Mileage (roundtrip): ____________ (Include printed documentation of actual miles)
☐ State-owned Vehicle (no mileage)
☐ Airfare
☒ Airport Mileage (no documentation required – Standard of 30 Miles):
☐ Rental Car (Only with prior approval and for business travel dates only; insurance fees and fuel purchase options are non-reimbursable).
☒ Parking
☒ Ground Transportation (taxi, shuttle, train, etc.):

 Lodging:
☒ Lodging ☐ Yes ☐ No, because: ________________________________
☐ Other Expenses (baggage fees, internet, etc.):

MEALS TO EXCLUDE:
Provide dates and meal to exclude that were provided to traveler, included in related activities (registration fees, conference costs), and/or part of personal days while in travel status.

5-22-15 Dinner

OTHER EXPENSES:
☐ Registration ☐ Other: ________________________________

PREPAID EXPENSES:
Check the appropriate box for expenses that were either prepaid or already reimbursed to traveler.
☒ Airfare
☒ Conference/Workshop Registration
☐ Other

---

EXAMPLE B
CVM TRAVEL REIMBURSEMENT DOCUMENTATION

Please include and submit directly to Bobbie Fox the necessary documentation and information with the corresponding travel reimbursement receipt checklist for travel reimbursement. Please remember that a Travel Authorization must be completed and approved prior to departure.

AIRFARE
- Include itinerary and/or boarding pass showing the traveler’s name, travel dates and times, price, and fare class.
- Proof of payment must be provided (itemized receipt, canceled check, copy of credit card statement).
- If travel includes personal days, print out a comparison flight with no personal days at the same time you book your actual flight. The dates for comparison and actual flight must match.
- Explanation is needed for any airfare change fees, choice seating, etc.

LODGING
- Final itemized receipt must provide evidence of claimant as the traveler, travel dates, room rate and taxes, lodging expenses incurred, proof of payment that shows a zero balance, and name and address of lodging.
- If lodging folio does not show zero balance, proof of payment must be provided (i.e. cancelled check, credit card statement, etc.).

REGISTRATION/WORKSHOP/CONFERENCE FEES
- Receipt and proof of payment are required.
- Pertinent pages of conference material that describes the dates and times of the conference/workshop, traveler’s participation if applicable, cost of conference, hotel offerings, and any meals included in the registration fee (i.e. agenda, printout of website for conference/workshop, flyer, conference brochure, etc.).

RENTAL CAR
- Rental vehicles may be used with prior approval of the department head or his/her designee; but cannot be used for the sole convenience or personal preference of the employee.
- When renting a vehicle, employees should use a vendor on state contract (currently Enterprise/National or Triangle) and request the state contract rate when available, if that is the least expensive rate.
- Detailed receipt and proof of payment are required.
- Insurance fees are not reimbursable if car rental is in the United States. Employees are covered under the University’s Motor Vehicle Insurance.
- Fuel purchase options are not reimbursable expenses.

MEAL REIMBURSEMENT
- Meals are reimbursed at the approved per diem subsistence rate. Receipts for these meals are not required.

MILEAGE
- Mileage is reimbursed at the business standard mileage rate set by IRS when the round trip does not exceed 100 miles or when a state owned vehicle is not available.
- Mileage claims must include printed documentation of actual miles from home/duty station to destination from MapQuest, Google Maps, or other site showing actual mileage from starting point to destination.

EXPENSES TO EXCLUDE
- Prepaid Expenses that have been pre-paid (or already reimbursed) should not be included in the request for reimbursement. If an expense was prepaid, indicate on the receipt that it has been paid and if paid by P-card, include the CPS number on the receipt.
- Meals Provided and/or included in related activities (registration fees, conference costs, hotel registration, etc.) must be excluded from the subsistence per diem reimbursement.
- Personal Time Travel must be documented from the beginning and all purchases, receipts, etc. kept separate; ensure any meals during personal travel dates/times are excluded from reimbursement. If travel is by air, print out a comparison flight with no personal days at the same time you book your actual flight. The dates for comparison and actual flight must match.

Note: When using a credit card statement as proof of payment, please cross out all the digits of the credit card number except the last 4 digits and all transactions (vendor, amount, date) except the one(s) being reimbursed. Do not use highlighters. Imaging equipment does not pick up highlighting and also can black out highlighted information. If you need to draw attention to an item, circle it.
| From: New Orleans Airport | Cab Company: Allstate | Date: 2/12/15 | Amount of Fare: $17.00 | Other Charges: $0.00 | Total: $17.00 |

**UNITED THE USA**

**TO: DURHAM**

**FROM: TAXI**

**TO: HOTEL**

**LENGTH OF STAY: 3 Hrs 3 Min.**

**CREDIT CARD: D**

**DRIVER: ****4673**

**CAB #: 0296**

**DATE: 2/11/15**

**MILES: 2**

**TIME: 04:13:54**

**FARE: $17.00**

**TIPS: $4.95**

**TOTAL: $21.95**

**CREDIT WISE $0.00**

**PAYMENT: $21.95**

**Thank you**

**PARKING AT**

**RDU AIRPORT**
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<tr>
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</table>

**US AIRWAYS**

Thank you for flying us airways.
**OMNI HOTELS & RESORTS**  
shoremah | washington dc  
2500 Calvert Street, NW  
Washington, DC 20008  
Phone: 202-234-0700 • Fax: 202-265-7972  
Reservations: 800-843-6664

---

**Room Number:** 223  
**Daily Rate:** 199.00  
**Room Type:** QQN  
**No. of Guests:** 1 / 0

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CVM BUSINESS OFFICE
MILEAGE ONLY REIMBURSEMENT REQUEST

Name: **Susie Que**  
Date: **5-27-15**

Address: **1234 Home Ave**

City: **Raleigh**  
State: **NC**  
Zip: **27615**

Destination: **NC Zoo**

Purpose of Trip: **Collection of Research Samples for Lion (Whatever) Research**

<table>
<thead>
<tr>
<th>Depart Date</th>
<th>DESCRIPTION OF TRAVEL</th>
<th>MILEAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-20-15</td>
<td>To NC Zoo &amp; Return</td>
<td>176</td>
</tr>
</tbody>
</table>

Project # - Phase #: **123456-78910**

Traveler Signature:  
Printed Name: **Susie Que**  
Date: **5-27-15**

Authorized Signature:  
Printed Name: **Paula Cray**  
DEPT HEAD PHP  
Date: **5-27-15**

Mileage will be reimbursed at the Motor Fleet Rate (currently $0.30 per mile) when the round trip is in excess of 100 miles and a state-owned vehicle is available.

The NC State University Motor Pool will fax a form to the traveler certifying that no state-owned vehicle is available. This Motor Pool form must be attached to the travel reimbursement request when unavailability of a state-owned vehicle is required to receive the IRS rate.

Mileage claims must include printed documentation of actual miles from starting point (normally duty station) to destination from MapQuest, Google Maps, or other site showing actual mileage.
Trip to:
North Carolina Zoo
4401 Zoo Pkwy
Asheboro, NC 27205
(336) 879-7000
88.05 miles / 1 hour 35 minutes

Notes

1. Start out going south on William Moore Dr toward Hillsborough St / NC-54.
2. Turn right onto Hillsborough St / NC-54.
3. Turn left onto Blue Ridge Rd.
4. Turn left onto Western Blvd.
6. Take the NC-42 exit toward Asheboro.
7. Turn right onto Wicker St / NC-42.
8. Turn slight right onto NC Highway 22 / NC-42 / NC-22.
9. Turn left onto NC Highway 42 S / NC-42.
10. Turn left onto E Dixie Dr / US-64 W / NC-49.

Directions from 1060 William Moore Dr, Raleigh, North Carolina 27607 to North Carolina Zoo...
11. Turn left onto NC-159 / Zoo Pkwy Map
   NC-159 is just past Cox Ave
   Salvation Army is on the left
   If you reach 3rd St you've gone about 0.1 miles too far

12. 4401 ZOO PKWY is on the left Map
    Your destination is just past Lewis Thomas Rd
    If you reach Eagle Pass Rd you've gone about 0.1 miles too far

North Carolina Zoo
4401 Zoo Pkwy, Asheboro, NC 27205
(336) 879-7000
Total Travel Estimate: **88.05 miles - about 1 hour 35 minutes**
CVM TRAVEL REIMBURSEMENT CHECKLIST

Please complete the applicable information below, place receipts inside envelope and return to Isabella Lou for processing.

Name: ___________________________________________ TA#: __________________________

Traveler Status: Employee □  Non-employee □  Student □

Home Address: _________________________________________________________________

Destination: From ___________________________ To ___________________________

Departure Date & Time: ___________________________ Return Date & Time: ___________________________

REQUESTING REIMBURSEMENT FOR THE FOLLOWING TRANSPORTATION EXPENSES:

☐ Personal Car Mileage (roundtrip): ___________________________

☐ State-owned Vehicle (no mileage)

☐ Airfare

☐ Parking

☐ Airport Mileage (no documentation required – Standard of 30 Miles)

☐ Rental Car (Only with prior approval and for business travel dates only; insurance fees and fuel purchase options are non-reimbursable).

☐ Ground Transportation (taxi, shuttle, train, etc.): ___________________________________________

REQUESTING REIMBURSEMENT FOR THE FOLLOWING LODGING EXPENSES:

☐ Lodging: ☐ Yes  ☐ No, because: ___________________________________________

☐ Other Expenses (baggage fees, internet, etc.): ___________________________________________

MEALS TO EXCLUDE:

Provide dates and meal to exclude that were provided to traveler, included in related activities (registration fees, conference costs), and/or part of personal days while in travel status.

__________________________________________________________________________

OTHER EXPENSES FOR REIMBURSEMENT:

☐ Registration  ☐ Other: ___________________________________________

PREPAID EXPENSES:

Check the appropriate box for expenses that were either prepaid or already reimbursed to traveler.

☐ Airfare

☐ Conference/Workshop Registration

☐ Other ___________________________________________

Page 1 of 2
CVM TRAVEL REIMBURSEMENT DOCUMENTATION

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CVM PERSONAL REIMBURSEMENT FORM

☐ Non-Travel Related Expenses
☐ Pre-Travel Expenses *

* Includes Airfare, Conference Registration Fees, etc.

If New Vendor, attach W9 and ACH forms.

This is to certify that the following individual was authorized to purchase and receive reimbursement for the item(s) listed below.

Requestor: ________________________________
Printed Name (first, middle initial & last)

Requestor Signature: ____________________ Date: __________

Current Home Address:

Address

City, State & Zip

Approval Signature: ____________________ Date: __________
Department Head or Higher Authority (No Signature Stamps)

Approver Printed Name & Title: ________________________________

Project & Phase #:

Total Amount Requested: ________________

Business Purpose for Expense:

For reimbursements for non-travel meals, please list (or provide on attached sheet) names of all those present and attach a copy of the agenda/schedule:

Alcohol Purchased: Yes ______ No ______

Alcohol Approval: ____________________
D. Paul Lunn, Dean

***ALL ABOVE INFORMATION IS REQUIRED TO RECEIVE REIMBURSEMENT***

Last updated: 5/13/2014