Salem STATE COLLEGE

TRAVEL REIMBURSEMENT

Collective Bargaining Unit

☐ MSCA (Please Check if Travel Was…)
☐ Mandatory (Article IV.F.1) OR
☐ Non-Mandatory (Article IV . F.2)

☐ AFSCME
☐ APA
☐ Non-Union

TRAVELLER'S NAME AND OFFICIAL HEADQUARTERS ADDRESS

_____
_____
_____

Voucher No. _____
Requisition No. _____
PO No. _____
Social Security No ☐☐☐ ☐☐ ☐☐☐☐

DATE	DESCRIPTION	PRIVATE AUTO MILEAGE AMOUNT		FARES OR ODOMETER READING BEGINNING/ENDING		BREAKFAST	LUNCH	SUPPER	OTHER EXPENSES	TOTAL EXPENSES

PROVIDE ADDITIONAL DETAILS ON BACK, AS NECESSARY

GRAND TOTAL	_____
(LESS ADVANCE - IF ANY)	(_____)
TOTAL TO BE REIMBURSED	_____

Budgetary Account Code

	Account:	Fund:	Dept. Id:	Prog:	Proj/Grt:
A	☐☐☐☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐

Fund Name _____ **Dept Name**

Out of State Travel- Approved Employee Airfare expenses. For use when destination is outside the Commonwealth of Massachusetts.	6BB1	$
Out of State Travel - Hotel/Lodging - Approved employee hotel/lodging expenses. For use when destination is outside the Commonwealth of Massachusetts	6B1B	$
Out of State Travel - Other - Approved employee travel expenses. For use when destination is outside the Commonwealth of Massachusetts. For all expenses except airfare and hotel/lodging.	6B01	$
In-State Travel - Approval Employee Travel Expenses. For use when travel is restricted to within the Commonwealth of Massachusetts.	6B02	$
Conference training and registration - Reimbursement of payment for registration price for conference or training.	6B05	$
	TOTAL	$

SIGNATURES

TRAVELLER'S CERTIFICATION: I herby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the travel rules and regulations.

Traveller _____ **Date** _____

Department Head _____ **Date** _____

Approving Authority _____ **Date** _____