



TRAVEL TRAINING PRESENTATION

PRESENTED BY BLANCA MARTINEZ 2023

LOCAL & NON- LOCAL TRAVEL

You should Always have Pre-Approval before your travel



LOCAL TRAVEL WORKSHEET FORM

Local Travel Reimbursements are Processed via the College's Self Service Platform, Under Financial Information section, Request a payment:

https://zoom.us/rec/play/AX09J8Ynsk-NnC6uXsu8kZcwk2KUYXJIFcB-00JhbwluG3QwyqFLV2fh_rRTuKDqAi6ryw-00rXZKQ8l.zBPoUZ6SUXuilPhk?continueMode=true

Use the local Travel Worksheet found here:
https://swtjc.edu/documents/business_office/swtjc-local-travel-reimbursement-form.pdf

to assist you with tabulating your reimbursement for mileage, registration, parking and tolls



**Southwest Texas Junior College
Local (Non-Overnight) Travel Reimbursement
Worksheet**

Name: _____

For the Month of: _____ (optional)

Mileage Reimbursement: (**See below for standard trip mileage)

Date	To	From	Event	#Miles
TOTAL MILES				0

Personal Auto - # Miles: **0** @ \$_____ = **\$ 0.00**
 To find rate - <http://www.gsa.gov/portal/content/100715>

Other Expenses:

Date	Description (ex: Registration)	Amount
TOTAL OTHER		\$ 0.00

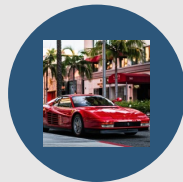
TOTAL REIMBURSEMENT: \$ 0.00 ← Go to Colleague Self Service and enter this amount as Request a Payment in the Financial Information section:

****Some standard mileages:**

Campus round trip Uvalde/Del Rio - 150 miles	Campus round trip Uvalde/Pearsall - 106.5 miles
Campus round trip Uvalde/Eagle Pass - 120 miles	Campus round trip Uvalde/Medina Valley - 121 miles
Campus round trip Uvalde/Crystal City - 83 miles	Campus round trip Uvalde/Hondo - 80.5 miles
Campus round trip Uvalde/Devine - 122 miles	

If mileage is not listed, click here for Google maps: <https://www.google.com/maps/dir///@29.2127699,->

IMPORTANT INFORMATION TO REMEMBER FOR LOCAL TRAVEL WORKSHEET



MILEAGE

Please enter Dates Traveled

Reason for your travel

Your Beginning location and final Destination

Total of Miles

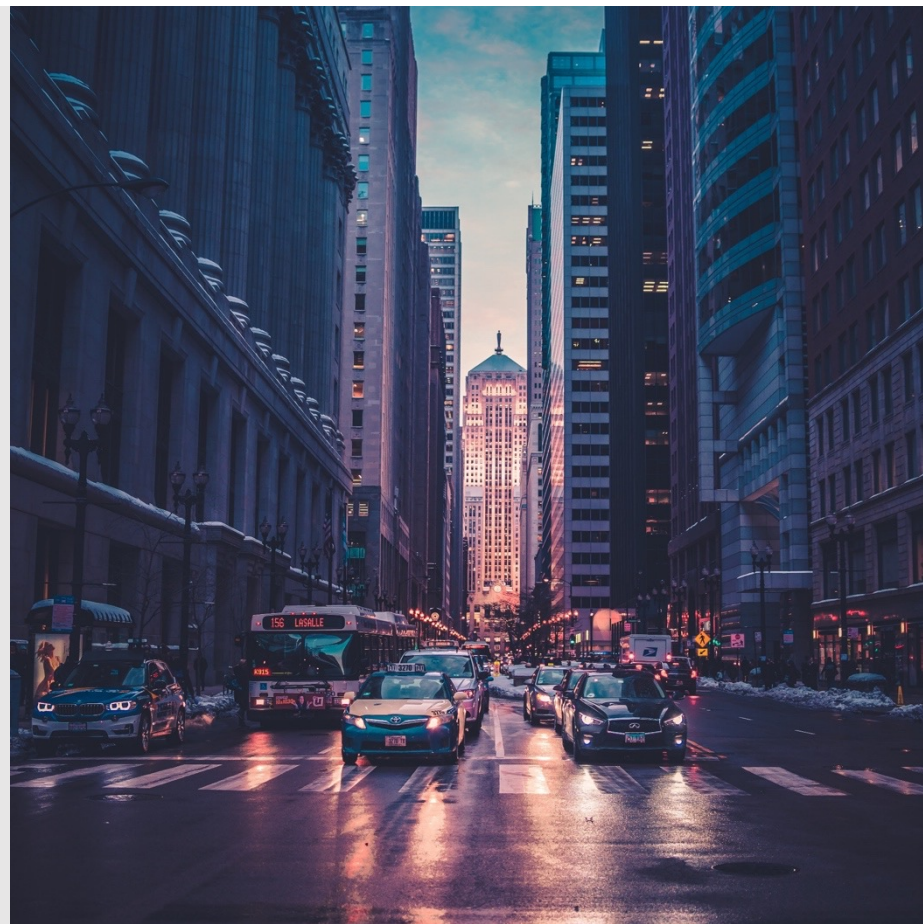
Copy of Google Map Search:

<https://www.google.com/maps>

Enter current Mileage rate from GSA Website:

<http://www.gsa.gov/portal/content/100715>

Don't forget your GL Account Number



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EXPENSES

Please enter other expenses :

Registration fees, Parking fees

Remember to enter the total in Self Service platform

And send a copy of your worksheet and receipts to:

acctpayable@swtjc.edu

**Remember to include your Voucher Number on
subject line**

OVER NIGHT TRAVEL REQUEST RECONCILIATION FORM

Before Traveling Please Review SWTJC's
Travel Policy:

https://swtjc.edu/documents/business_office/SWTJC-Business-Office-Policies.pdf#page=23

Please ask your VP if you need to
apply for a travel card if you do
not already have one :

https://swtjc.edu/documents/business_office/swtjc_travel_pcard_application.pdf

Please make sure you have funds
and Obtain Pre –Approval for
your trip



OVER NIGHT TRAVEL FORM

SWTJC NON-LOCAL/OVERNIGHT TRAVEL REQUEST/REIMBURSEMENT FORM

1 Department: _____ **2** Date Submitted: _____
 Traveler's Name: _____ Departure Date & Time: _____
 Street Address: _____ Return Date & Time: _____
 City, State, Zip: _____ Travel Destination: _____
 Colleague ID#: _____ Travel Purpose: _____

SECTION A: TRAVEL REQUEST/ANTICIPATED TRAVEL EXPENSES (PRE-TRAVEL)

3 ESTIMATE	4 REQUESTED PREPAYMENTS					
	Payee	Purpose	Amount	CK	PO	CC
Hotel Expense \$			\$			
Registration \$			\$			
Meals - Per Diem \$			\$			
Travel-Air \$			\$			
Travel - Mileage \$			\$			
Other \$			\$			
TOTAL ESTIMATE \$	TOTAL PREPAYMENTS (A) \$					

Requesting Travel P-card **5** \$ _____
 Top Signatures Pre-Travel Estimate Approval

Traveler Signature _____ Date _____ **7** Supervisor (or Prof Developmnt Officer) Signature _____ Date _____ VP Signature _____ Date _____

SECTION B: ACTUAL TRAVEL EXPENSES (POST-TRAVEL) (ALL EXPENSES INCLUDING PREPAYMENTS)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTALS
Date/Dates								
Each City								
Number of Miles								
Mileage \$ Amount	\$	\$	\$	\$	\$	\$	\$	\$
Parking/Tolls	\$	\$	\$	\$	\$	\$	\$	\$
9 Rental Car/Taxi/Bus	\$	\$	\$	\$	\$	\$	\$	\$
Airfare	\$	\$	\$	\$	\$	\$	\$	\$
Hotel	\$	\$	\$	\$	\$	\$	\$	\$
DAILY TOTALS	\$	\$	\$	\$	\$	\$	\$	(B) \$

6 Fund _____ Object _____ Location _____ Amount From B: \$ _____

RECONCILIATION

Total Travel Expenses	(B) \$ _____
Less Prepaid & Travel P-card Cost	(A) \$ _____
Amount Due Traveler	\$ _____
Amount Due SWTJC	\$ _____

Bottom Signatures Post-Travel Approval

Traveler Signature _____ Date _____ Supervisor Signature _____ Date _____ VP Signature _____ Date _____

IMPORTANT INFORMATION TO REMEMBER FOR OVERNIGHT TRAVEL REQUEST /RECONCILIATION FORM



PRE-APPROVAL/ ESTIMATE PART A

Complete the top portion of the travel form with Name, Address, Colleague ID#, the dates and place you are traveling the purpose of your trip. When completing the **ESTIMATE** portion of the form, please attach the following supporting documentation:

- Registration, Itinerary Conference Information or Brochure
- Hotel Information
- Airline/ Rental Car/Shuttle rates
- GSA Website Per Diem Rates, with calculations for each day for meals <https://www.gsa.gov/travel?topnav=travel>
- Google Maps <https://www.google.com/maps/dir///@29.2127699,->
- Enter Any Check Prepayments needed
- Enter Any P-Card funds needed
- Enter GL Account Number
- **Submit to your VP for Approval and forward to Business Office**



RETURN /RECONCILIATION/ REIMBURSEMENT PART B

Upon Completion of your trip, within 10 business days, you will need to complete the **Actual** portion of the form and submit along with your receipts to your VP for final approval.

Enter the totals from your receipts in the appropriate boxes and total your columns and rows. Enter your final totals at bottom of the page in the Reconciliation Box . Subtract any prepaid expenses, regardless of how they were paid and your total should zero out.

The only exception would be if we still owed you a reimbursement for something such as Mileage for example or if you owe SWTJC.

Finally the form with all receipts will need to be routed through the proper approval Channels and dropped off at the Business Office where the appropriate action will be taken to created a reimbursement check for the traveler if applicable or to reconcile the Travel Card Charges.

EXAMPLE OF MEAL BREAKDOWN

July 16 1 st day 75%	July 17 Full Day	July 18 Full Day	July 19 Final Day 75%	Final Meal Reimbursement
Beginning 51.75	Full day 69.00	Full Day 69.00	Ending 51.75	Trip to Dallas TX
-Breakfast 12.00	-Breakfast 16.00	-Breakfast 16.00	-Breakfast 12.00	
	-Lunch 17.00	-Lunch 17.00		
Total 39.75	Total 36.00	Total 36.00	Total 39.75	151.50

TEAM



BLANCA MARTINEZ

Accounts Payable Specialist

bemartinez@swtjc.edu

830-591-7339



DEYA LOZANO

Accounts Payable /
Receptionist

delozano@swtjc.edu

830-591-7206



IRMA GARCIA

Director of Business Office

iggarcia@swtjc.edu

830-591-7292



LISA ERMIS

Vice President Finance

ldermis@swtjc.edu

830-591-2935



Thank you!



bemartinez@swtjc.edu



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