Executive Committee of the Staff Assembly
University of North Carolina
Friday, January 22, 2010

Re: Approved Travel Reimbursement Form
Having been approved for use of travel reimbursement payments for the UNC Staff Assembly at the Executive Committee meeting on December 9, 2009, the Budget and Planning Committee submit that the Staff Assembly Travel Reimbursement Supplemental Form be the basis for travel reimbursements payments for delegations and officer travel for the business of the UNC Staff Assembly.

Catherine Johnson
University of North Carolina Charlotte
2046 Colvard
9201 University City Blvd
Charlotte, NC 28223
UNC Staff Assembly Budget and Planning Committee, chair

University of North Carolina Staff Assembly		Budget & Planning Committee Tuesday, December 8, 2009
Committee Chairman Catherine Johnson	**Last Meeting Date:** **11/20/09**	**Delegates in Attendance:** **Catherine Johnson, Caroline Francis, Marlena Van Vliet**
Next Meeting Date: 12/18/09 **Time:** 3:15pm via conference call		

KEY POINTS

- Reviewed expense report after the last Staff Assembly Meeting
- Discussed conditions for delegation's expenses
  - Distances
  - Pre & post meetings
  - State vs. private car
- Discussed future expenses for Chair Elect
- Reviewed recommendation to Executive Committee
  - Travel reimbursement form

RECOMMENDATIONS AND RATIONALE

RECOMMENDATION	RATIONALE
It is recommended by the Budget & Planning committee that the Executive Committee of the UNC Staff Assembly adopt all or part of the attached Staff Assembly Travel Reimbursement form for use by all Staff Assembly delegations and officers for their travel expenditures.	The attached form includes calculations for mileages from campus to General Administration; cost of state car vs. private car; costs for lodging & meals; and explanations/descriptions authorized State subsistence rates and policies. This form is used by Faculty Assembly, and as such, will help to ensure consistent travel policy payments for all delegations.

ITEMS REQUIRING DELEGATES ASSISTANCE

Item	Action Items	Contact(s)	Due Date
1.			
2.			
3.			

ADDITIONAL INFORMATION:

STAFF ASSEMBLY TRAVEL REIMBURSEMENT SUPPLEMENTAL FORM
Name: Campus:
E-mail: Phone:
Mailing Address for Reimbursement Check:
If checked, I voluntarily give permission to UNC GA to electronically deposit my travel reimbursement to the bank account I use for Payroll direct deposit or another designated bank account (only for UNC GA employees who have completed paperwork at direct deposit GA).
PURPOSE: Attend Staff Assembly/Executive Committee meeting on (dates)
TRANSPORTATION:
Schedule
Departed from (location) to (destination) on (date) at (time)
Returned from (location) for (destination) on (date) arriving at (time)
Arrangements
I used a state car (*will be reimbursed directly to your campus*)
I requested a state car, but none was available; used my personal vehicle (reimbursement at $.50/mile) *(attach document/email from motor pool)*
I did not try to get a state car, and used my personal vehicle (reimbursement rate at $.33/mile)
I car pooled with others and have no transportation reimbursement claim
Mileage (please circle or modify)
Presumptive Mileage (travel from campus to GA and return) (see chart on Page 2)
Other (explain)
Total:
Presumptive Mileage X Rate (see chart on back)
Other: Actual Mileage X Rate (see above)
LODGING & FOOD
Hotel: Negotiated State Pre-Registration Rate ($63.75): (attach receipt)
Meals: Authorized State Subsistence Rate - 1 dinner per 24 hours (must include an overnight stay) @ $16.75; *breakfast (complimentary at hotel) and lunch (at meeting) provided without additional charge*
Other Expenses:
TOTALS:
Transportation (presumptive=see back)
Hotel (presumptive=negotiated rate for 1 night)
Meals (presumptive=$dinner only if on the road after 8:00 PM;
breakfast complimentary at hotel and lunch provided at meeting)
Other
GRAND TOTAL

Campus Addresses:

Appalachian State University, 109 John E. Thomas Hall, Boone, NC 28608
East Carolina University, East Fifth St., Greenville, NC 27858
Elizabeth City State University, 1704 Weeksville Road, Elizabeth City, NC 27909
Fayetteville State University, 1200 Murchison Road, Fayetteville, NC 28301
North Carolina A&T, 1601 East Market Street, Greensboro, NC 27411
North Carolina Central University, 1801 Fayetteville St., Durham, NC 27707
NC School of Science and Math, 1219 Broad Street, Durham, NC 27715
North Carolina State University, 1210 Varsity Drive, Raleigh, NC 27695
UNC Asheville, 1 University Heights, Asheville, NC 28804
UNC Chapel Hill, Raleigh Road, Chapel Hill, NC 27599-9100
UNC Charlotte, 9201 University City Blvd, Charlotte, NC 28223
UNC Greensboro, 1400 Spring Garden Street, Greensboro, NC 27412
UNC Pembroke, University Drive, Pembroke, NC 28372-1510
UNC Wilmington, 601 S. College Road, Wilmington, NC 28403
UNC School of the Arts, 1533 South Main St., Winston-Salem, NC 27127-2188
Western Carolina University, University Way, Cullowhee, NC 28723
Winston Salem State University, 601 S. Martin Luther King Jr. Drive, Winston-Salem, NC 27110

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STAFF ASSEMBLY TRAVEL REIMBURSEMENT SUPPLEMENTAL FORM

Below is a chart showing the presumptive mileage **from each Main Campus Worksite** (not home) to **General Administration**, 910 Raleigh Rd., Chapel Hill, NC CAMPUS	MILEAGE Round Trip	CAMPUS STATE CAR URL:	State Car Unavailable Round Trip Reimbursement ($.50/mi)	State Car Round Trip Reimbursement ($.33/mi)
Appalachian State University	326	https://www.webapp.appstate.edu/Electronicforms/pdfforms/travel21.pdf	$163.00	$107.58
East Carolina University	220	http://www.ecu.edu/parking/motor_pool.cfm	$110.00	$72.60
Elizabeth City State University	376	http://www.ecsu.edu/ECSU/AdminUnits/Business/trav1.htm	$188.00	$124.08
Fayetteville State University	138	http://www.uncfsu.edu/physicalplant/Vehicle_Reg.htm	$69.00	$45.54
North Carolina A&T	98	http://www.ncat.edu/~faciliti/Travel_Req_open1.pdf	$ 49.00	$ 32.34
North Carolina Central Univ.	22	http://web.nccu.edu/facilitiesservices/motorfleet.php	$11.00	$7.26
N.C. School of Science & Mathematics	24	unknown	$12.00	$7.92
North Carolina State University	40	http://www.ncsu.edu/policies/finance/facilities/REG07.25.3.php	$20.00	$13.20
UNC Asheville	440	http://www.unca.edu/fac_mgmt/forms/MotorPool_TravelReq.pdf	$220.00	$ 145.20
UNC Chapel Hill	0	http://fac.unc.edu/MotorPool/mvResRequestShell.asp	$0	$0
UNC Charlotte	230	http://safc.uncc.edu/system/files/State+Vehicle+Reservation+Form.pdf.	$115.00	$75.90
UNC Greensboro	102	http://www.uncg.edu/ppo/mpool.html	$51.00	$ 33.66
UNC Pembroke	192	http://www.uncp.edu/fo/forms/vehicle_request.pdf	$96.00	$ 63.36
UNC Wilmington	306	http://www.uncwil.edu/sp/admforms/#Travel_Forms	$153.00	$ 100.98
UNC School of the Arts	154	http://www.ncarts.edu/formsprocedures/VehicleForm.pdf	$77.00	$ 50.82
Western Carolina University	528	http://www.wcu.edu/258.asp	$264.00	$ 174.24
Winston Salem State Univ.	152	http://www.wssu.edu/WSSU/About/Administration/Division+of+Finance+and+Administration /Facilities/Motor+Pool.htm	$76.00	$ 50.16

REQUEST FOR APPROVAL OF TRAVEL AND/OR TRAVEL AUTHORIZATION

Date Submitted	REQUESTING AGENCY. THE UNIVERSITY OF NORTH CAROLINA-GENERAL ADMINISTRATION		
	DEPARTMENT OR DIVISION		
TRAVELER'S NAME & TITLE		ADVANCE REQUESTED	MADE
		ACCOUNT NO.	
TRAVEL TO:		PERIOD BEGINNING	PERIOD ENDING
If travel is to Washington DC, route authorization to VP for Federal Relations (K. Rhinehardt) for review →		**Lobbying Activity?**	
		DC Yes:	**No:**

FOR THE MISSION ESSENTIAL PURPOSE OF: (DESCRIBE)

IN-STATE (OVERNIGHT)		EMPLOYEE		ESTIMATED COST	AMOUNT
OUT-OF-STATE		NON-EMPLOYEE		SUBSISTENCE DAYS AT $	$0.00
OUT-OF-STATE (OVERNIGHT)				TRANSPORTATION	$0.00
TRANSPORTATION:	COMMON CARRIER	STATE CAR		MILEAGE 0 MILES AT 0.50	$0.00
	RENTAL CAR	OTHER		REGISTRATION FEES	$0.00
PAY ADVANCE REGISTRATION: $				MISCELLANEOUS EXPENSES	$0.00
PAYABLE TO:				TOTAL ESTIMATED COST	$0.00

Under the provisions of G.S. 138.7, it is also requested that actual expenses be authorized for reimbursement in excess of the maximum sums specified in G.S. 138.5, or G.S. 138.6, based upon the anticipated extraordinary costs of hotel, meals or convention registration charges. **Please provide your daily lodging and associated registration fee cost information below.**

			Please choose applicable lodging cost justification statement for your travel. (CHECK ONE)
DAILY LODGING RATE (PRIOR TO STATE & LOCAL TAXES)			**Obtained lodging at daily in-state and out-of-state lodging allowances of $65.90 and $78.05 respectively.**
			Attempted to procure State rate from local hotels and none offered the State rate for my travel period. I plan to stay at the lowest cost hotel to which I obtained price and availability information.
			Contract rate for formal State meeting
			Other: provide description in comments section at the bottom of the form.
REGISTRATION FEE			

I request approval of travel, as indicated above, while in travel status in service to the State of North Carolina.

Traveler's Signature (Date) Department/Division Head (Date)

Request approved, subject to compliance with Budget Manual No. 5.9.

Designated Official's Signature (Date)

Comments: Further mission essential travel justificaiton as needed:

INSTRUCTIONS: This request must be approved by the head of the agency or his designee **prior** to commencement of travel status in order to receive a travel advance or travel reimbursement. Following completion of travel status, this completed request must be attached to Form BD403-GA Request for Reimbursement of Travel and Other Expenses; the completed Form BD403-GA and its supporting attachments must be filed with the Services Office for approval and payment **within 30 days** after the travel status terminates.

Form No. GA-2, Rev. 01/01/2010

Form BD403-GA

The University of North Carolina - General Administration

REQUEST FOR REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES

INCURRED IN THE DISCHARGE OF OFFICIAL DUTY - INCLUDING PER DIEM (Rev 1/1/2010)

INSTRUCTIONS: Prepare in duplicate. Attach all necessary receipts or other supporting documents to this form and submit the original to the Services Office **within 30 days after travel status terminates.** Retain one (1) copy for your files.

PAYEE'S NAME	**TITLE**	**DATE**
DEPARTMENT/DIVISION	**Travel Auth. #/Date** TA	**Headquarters (City)**
DEPARTMENT/DIVISION ADDRESS	**Account Number**	
FROM Period Covered by this Voucher THROUGH		
PURPOSE OF TRIP		

		AMOUNT		OFFICE USE ONLY	
Total Expenses					
Total Advance					
Amount Due-UNC					
Amount Due-Applicant					

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the state. Unless I have marked out this sentence, I voluntarily give permission to UNC GA to electronically deposit my travel reimbursement to the bank account I use for Payroll direct deposit or another designated bank account.

I have examined this reimbursement request and certify that it is just and reasonable.

Claimant

Department/Division Head

	TRAVEL (SHOW EACH CITY VISITED)		TRANSPORTATION			SUBSISTENCE			OTHER EXPENSES	
DAY	FROM	TO	(1) MODE	DAILY PRIVATE CAR MILEAGE	TRANSPORT COSTS TO BE REIMBURSED	(2) TYPE	AMOUNT	(3) DAILY TOTALS	EXPLANATION	(4) AMOUNT
			C@.33							
			C@.50			B				
			A			L				
			R			D				
			O			H				
			C@.33							
			C@.50			B				
			A			L				
			R			D				
			O			H				
			C@.33							
			C@.50			B				
			A			L				
			R			D				
			O			H				
			C@.33							
			C@.50			B				
			A			L				
			R			D				
			O			H				
			C@.33							
			C@.50			B				
			A			L				
			R			D				
			O			H				

(1) Mode of Travel	(2) SUBSISTENCE	In-State	Out-of-State	TOTAL TRANS.	TOTAL AUTH. SUBSIST.	TOTAL OTHER EXP.
C=CAR	BREAKFAST	$7.75	$7.75			
A=AIR	LUNCH	$10.10	$10.10			
R=RENTAL CAR	DINNER	$17.30	$19.65			
O=OTHER	HOTEL	$65.90	$78.05			
	(3) 24-hour period	$101.05	$115.55			

Grand Total _____ **Grand Total** _____ **Grand Total** _____

University of North Carolina Staff Assembly		Budget and Planning Committee December 18, 2009
Committee Chairman **Catherine Johnson**	**Last Meeting Date:** **November 20, 2009**	**Delegates in Attendance**
Next Meeting Date: January 22, 2010 **Time:** 3:15		

KEY POINTS:

After telephone and email consultations the December committee meeting was cancelled due to inclement weather and time constraints.

RECOMMENDATIONS AND RATIONALE

RECOMMENDATION	RATIONALE

ITEMS REQUIRING DELEGATES ASSISTANCE

Item	Action Items	Contact(s)	Due Date
1.			
2.			
3.			
4.			
5.			

ADDITIONAL INFORMATION:

Attach any additional information such as resolutions, templates, and forms.