

The Research Corporation of the University of Hawaii

TRAVEL COMPLETION REPORT

Last Name, First Name		Project Address (Dept)	Doc. No.
Position Title		Project Address (Bldg, Street)	Date
Contact Person/ Phone		Project Address	Employee Number
Special Instructions		Address (If different from above)	
Departure Date	Return Date	Itinerary	
Project No.	Budget Category	Project Title	

TRAVEL ADVANCE	Estimated travel costs: \$ _____	STATUS: <input type="checkbox"/> RCUH employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
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Purchase Order No.	Budget Category	Amount Requested	Amount Expended	COMMENTS/ OTHER COSTS:
ACTUAL TRAVEL EXPENDITURES:				

Date and Time of Departure: _____

Date and Time of Return: _____

Per Diem:

Depart Day	Full Days	Return Day	Total Days	Rate	Amount	Less Meals/ Lodging Rec'd
_____	_____	_____	_____	_____	_____	(_____) =
						\$ _____
Excess Lodging: No. of Days _____ x Rate _____ = _____						
Subsistence: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner						
Mileage/ Taxi/ Car Rental						
Conference Fee						
Other Costs *						
Total Expenditures:						\$ _____
Less Travel Advance Received						(_____)
Claim Due / (Amount Refunded to RCUH)						\$ _____

I certify that the amount of \$ _____ for which no receipts were obtained was used for the conduct of official business.

Traveler's Signature

Traveler	Date	Fiscal Officer	Date
Principal Investigator	Date	Supervisor	Date

This travel is authorized in the above contract/ grant.

TRAVEL COMPLETION REPORT
Instructions

Use of Form: This form is used to process reimbursements for travel for RCUH and non-UH/ RCUH employees upon completion of the trip and to reconcile expenditures when travel advances are issued. The original and one copy of the approved report are to be submitted to RCUH Disbursing within twenty-one (21) calendar days upon completion of the travel. If more than one project is used to fund the travel, please provide the appropriate number of additional copies.

Information is considered to be self-explanatory if no description is provided below.

1. Project Address - Use a campus address and building designation whenever possible.
2. Document Number - Assigned by the project to track travel documents.
3. Address - Enter address if traveler is not employed by the project or if the check is to be mailed to another location other than the project address.
4. Special Instructions - Reimbursements will be mailed to the project address unless special instructions are given.
5. Departure Date/ Return Date/ Itinerary - The report should be filed as an addendum if there are any changes in these fields.
6. Budget Category - A 2-digit number assigned by RCUH. The form cannot be processed without this number, e.g. 05 for domestic travel, employees.
7. Travel Advance - As indicated on the travel request if an advance was given.
8. Actual Travel Expenditures - Indicate the dates and times of departure and return. Reflect all per diem, subsistence and actual expenditures paid directly by the traveler. Do not include expenditures paid by RCUH through purchase orders or other payment documents. Attach receipts for all actual expenditures except for per diem and subsistence. Receipts in foreign currency must be converted into U.S. dollars with indication of the conversion rate. Where no receipts are obtained by the traveler, a certification statement signed by the traveler should be included to certify that the expenses were incurred as part of the official business. Attach the original airline ticket receipt if project funds are used. If other non-RCUH funds were used, a copy may be submitted in lieu of the original. Attach any supporting documents for reimbursement claims.
9. Amount Refunded - If expenditures are less than the travel advance, a personal check from the traveler made payable to The Research Corporation of the University of Hawaii (RCUH) should be attached to the completion report.
10. Supervisor - If the traveler is also the principal investigator, please provide the co-investigator's or supervisor's signature in place of his own. The traveler cannot authorize his own travel. No individual should approve a document which is used to expend funds directly to himself.

Per Diem Schedule

Time of Departure/ Return	Allowed on Day of:	
	Departure	Return
12:01 a.m. - 6:00 a.m.	1 day	1/4 day
6:01 a.m. - Noon	3/4 day	1/2 day
12:01 p.m. - 6:00 p.m.	1/2 day	3/4 day
6:01 p.m. - Midnight	1/4 day	1 day

Subsistence Schedule

If Travel Begins/ Ends	Claim for
Before 8:00 a.m.	Breakfast
Before noon/ after 12:30 p.m.	Lunch
--- / after 7:00 p.m.	Dinner