MDE TRAVEL CHECKLIST

(This document must be submitted with Travel Vouchers and all other required back-up documentation)

FRONT OF TRAVEL VOUCHER

_____ Name agrees with PID

_____ Name agrees with PIN/WIN (Circle and Print)

_____ Home address printed *(physical address)*

_____ Date is actual dates of travel **not** a place.

_____ Accounting Block lists correct Budget Codes *(Include the Internal Order Number in the Reporting Category section as well)*

_____ Availability of Funds *(Program Office to Review prior to approval for payment)*

_____ All signatures applied for Travel Reimbursement *(Include signatures, titles, and dates)*

BACK OF TRAVEL VOUCHER

_____ Actual dates traveled recorded

_____ Purpose of Travel listed

_____ Points of Travel listed: Physical Address (**NOT** City, Town, School or County)

_____ Printout of calculation of total miles traveled from site used

_____ Mathematical Correctness checked

RECEIPTS

_____ Hotel / Motel receipt has zero ($ 0.00) balance.

_____ Hotel / Motel receipt has name and address of Hotel / Motel.

_____ Receipts (baggage, taxi, buses, etc.) attached **if** over $10.00.

_____ If a rental was used, include gas receipts if claiming reimbursement.

OTHER

_____ If applicable, “Early Departure” (Before 6 AM first day) or “Late Arrival” (After 8 PM on last day) is footnoted.

_____ If applicable, when Lodging is with friend or relative, it is footnoted but **not** reimbursable.

_____ If applicable, when two or more employees share Lodging, separate receipts showing Pro-Rata Share is attached.

_____ If applicable, Travel Authorization Form, Airline Itinerary, and Conference Information must accompany Out-of-State Travel Voucher (agenda and registration information).

Note the following:

- ***For Travel Advances, please submit timely to allow for processing. Upon return, please submit your completed travel voucher with all support documentation, and payment of refund (if applicable).***
- ***Please allow 10 days after receipt into the Office of Accounting for processing.***

****Signing this document signifies that I have reviewed and verified using this checklist.***

Signature: _____
Date: _____