

UNIVERSITY OF HAWAII TRAVEL FORM

CAMPUS: _____

DATE: _____

REQUEST
 COMPLETION
 REVISION
 INTRA-STATE
 US & TERRITORIES
 FOREIGN

| | | |
|---------------|---------------------------------------|----------------|
| T DOC NUMBER: | Last Name, First Name, Middle Initial | KFS E DOC NUM: |
| | | Department |
| | | Vendor Code |

ITINERARY

SOURCE OF FUNDS/PURPOSE & JUSTIFICATION FOR TRAVEL

| | | | | | | | | |
|----------------------|--|----------------------|------|---------------------------|---|---------------------------|------|---------------------------------------|
| Proposed Depart Date | | Proposed Return Date | | Actual Depart Date & Time | | Actual Return Date & Time | | |
| | ESTIMATED EXPENDITURES (Include PO Costs) | | | ADVANCE | ACTUAL EXPENDITURES (Out of Pocket - Exclude PO Costs) | | | Due Traveler/ Owed UH ¹ |
| | PO No. | Days / Miles | Rate | Amount* | Amount | Days / Miles | Rate | Amount* |
| Per Diem | | | | | | | | |
| M&IE | | | | | | | | |
| Less Meals | | | | | | | | |
| Lodging | | | | | | | | |
| Air Fare | | | | | | | | |
| Taxi/Car | | | | | | | | |
| Mileage | | | | | | | | |
| Registration Fee | | | | | | | | |
| Other | | | | | | | | |
| TOTAL* | | | | | TOTAL* | | | |

Comments (Purpose/Justification/Revision for Travel)

| | | | |
|--|--------------------------|--|-------------------------------------|
| | Advance Check No. & Date | | KFS Advance Deposit eDoc No. & Date |
|--|--------------------------|--|-------------------------------------|

| ADVANCE | | | | DI to Reverse Advance & Reclassify Actual Expense | | | | CLAIM DUE TRAVELER | | | |
|--------------|---------|---|-----------|---|---------|------------|-----------|--------------------|---------|-----|-----------|
| Account Code | Subcode | N | Debit Amt | Account Code | Subcode | Credit Amt | Debit Amt | Account Code | Subcode | PFN | Debit Amt |
| | | | | | | | | | | | |
| TOTAL* | | | | TOTAL* | | | | TOTAL* | | | |

| | |
|---|---|
| <p>APPROVALS – REQUEST/ADVANCE:</p> <p>I understand that failure to submit the completed Employee Travel Form (for TRAVEL ADVANCES RECEIVED) within 21 calendar days of the proposed return date of my trip will initiate action by the UH to include this payment in my gross income subject to withholding and taxes, resulting in a reduction to my normal take home pay.</p> | <p>APPROVALS – REIMBURSEMENT/COMPLETION:</p> <p>I, as traveler, certify that all expenses claimed in this report have been incurred and expended for the purpose of the above-mentioned travel, in accordance with applicable policies and procedures, federal rules and regulations, and applicable State laws.</p> |
| Traveler _____ Date _____ | Traveler _____ Date _____ |
| Approving Authority _____ Date _____ | Approving Authority _____ Date _____ |
| Fiscal Authority _____ FA Code _____ Date _____ | Fiscal Authority _____ FA Code _____ Date _____ |
| Dean/Director/Chancellor/VP/President _____ Date _____ | Travel Revision-Dean/Director/Chancellor/VP/President _____ Date _____ |