

# TRAVEL PROCEDURES 2018 - 2019



# New Work Flow for Tuition and Travel Paperwork

1. Obtain all backup and make sure the form you are submitting is complete
2. Make sure you and your Dean sign the form
3. Send everything to Accounts Payable. We will verify that all backup has been received, that all signatures are in place and that there are no issues
4. A/P will forward items to the President that require her signature.
5. If you are being reimbursed under AFSCME you have additional forms to complete prior to travel or taking a class

|   |  |                                    |  |                                   |  |                     |  |
|---|--|------------------------------------|--|-----------------------------------|--|---------------------|--|
| EMPLOYEE VOUCHER -                              |  |                                    |  | STATE OF CONNECTICUT              |  |                     |  |
| TRAVEL AND OTHER - CONTINUATION                 |  |                                    |  | OFFICE OF THE STATE COMPTROLLER   |  |                     |  |
| CO - 17 XP - 1 NEW 4/91 (Stock No. 6938-701-01) |  |                                    |  | CENTRAL ACCOUNTS PAYABLE DIVISION |  |                     |  |
| (1) PAYEE NAME                                  |  | (2) AGENCY NAME                    |  |                                   |  | (3) EMPLOYEE NUMBER |  |
| Karen Morris                                    |  | Naugatuck Valley Community College |  |                                   |  | 99999               |  |
| (4) PAYEE ADDRESS                               |  |                                    |  |                                   |  |                     |  |
| 19 Farmstead Lane, Plainville, CT<br>06062      |  |                                    |  |                                   |  |                     |  |

|          | (7) TRAVEL    |                  | (8) TIME |        | (9)                    | TRAVEL BY AUTOMOBILE |             |       |
|----------|---------------|------------------|----------|--------|------------------------|----------------------|-------------|-------|
|          |               |                  |          |        |                        | DUES/MEMBERSHIPS     | PRS VEHICLE |       |
| DATE     | FROM          | TO               | DEPART   | ARRIVE |                        | AMOUNT               | NO Miles    | AMT   |
|          |               |                  |          |        | Society of Accountants | 50.00                | 0           | 0.00  |
|          |               |                  |          |        |                        | 0.00                 | 0           | 0.00  |
| 10/30/18 | Waterbury, CT | Danbury, CT (RT) |          |        |                        | 0.00                 | 54.2        | 29.54 |
|          |               |                  |          |        |                        | 0.00                 | 0           | 0.00  |
|          |               |                  |          |        |                        | 0.00                 | 0           | 0.00  |



# HOW TO CALCULATE MILEAGE

1. You can claim all of your mileage if:
  - a. It is not a normal work day for you; or
  - b. You are starting and ending your day at your normal work station.
  
2. If neither of these is true then you must deduct the number of miles you travel to/from work every day.

\*\*\*Mileage is what you are traveling on behalf of NVCC beyond what you would normally travel to and from work that day.

APPLICATION FOR TUITION  
REIMBURSEMENT  
C0-101 Revised 9/2015



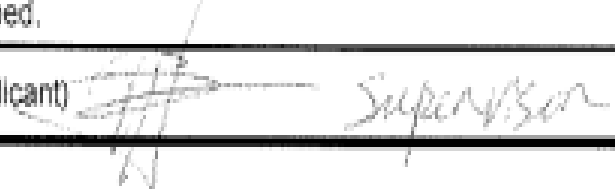
**IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.**

**NOTE:** Upon completion of course(s) you must **SUBMIT 2 COPIES OF ALL RECEIPTS** and **PROOF OF PASSING** to your **AGENCY APPROVAL OFFICER** by Feb. 1st, fall & summer courses, June 1st, spring courses.

|  |   |               |                |                                       |  |
|--|---|---------------|----------------|---------------------------------------|--|
| NAME (Last)<br>ZHU                                       | (First)<br>JIAN                                   | (Middle)<br>M | TR NUMBER      | EMPLOYEE NUMBER<br>021587             | <b>IMPORTANT</b><br>COLLECTIVE BARGAINING UNIT CODE<br><b>P-5 /FULL TIME</b> |
| HOME MAILING ADDRESS (No. and Street)<br>168 CLOUGH ROAD | (City or Town)<br>WATERBURY                       | (State)<br>CT | (Zip)<br>06708 | DEPARTMENTAL PAYROLL CODE<br>BOR79500 |  |
| TITLE<br>ASSISTANT ACCOUNTANT                            | AGENCY NAME<br>NAUGATUCK VALLEY COMMUNITY COLLEGE |               |                | WORK TELEPHONE NO.<br>203-596-8618    |  |
| WORK ADDRESS (No. and Street)<br>750 CHASE PARKWAY       | (City/Town)<br>WATERBURY                          | (State)<br>CT | (Zip)<br>06708 | WORK EMAIL ADDRESS<br>JZHU@NV.EDU     |  |
| EDUCATION INSTITUTE (Name)<br>POST UNIVERSITY            |   |               | START          |                                       | FINISH   |
|  |   |               | Mo. 01         | Day 25                                | Yr. 2019   |
|  |   |               | Mo. 05         | Day 23                                | Yr. 2019   |
| ADDRESS (No. and Street)<br>800 COUNTRY CLUB ROAD        | (City or Town)<br>WATERBURY                       | (State)<br>CT | (Zip)<br>06723 |                                       |  |

|  |                             |   |   |  |                 |
|--|-----------------------------|---|---|--|-----------------|
| COURSE INFORMATION   | TITLE AND NUMBER OF COURSES |   |   | NUMBER OF CREDITS  |                 |
|  | 1.                          | ACC H113 PRINCIPLES OF FINANCIAL ACCOUNTING | 3   |  |                 |
|  | 2.                          | ART H102 ART HISTORY II                     | 3   |  |                 |
|  | 3.                          |   |   |  |                 |
|  | 4.                          |   |   |  |                 |
|  | 5.                          |   |   |  |                 |
|  | 6.                          |   |   |  |                 |
| The above courses are  |                             | <input type="checkbox"/> Graduate           | <input checked="" type="checkbox"/> Undergraduate | Job Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                 |
|  |                             |   | <b>TOTAL CREDITS</b>                              | 6  |                 |
| OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM TO PURSUE ACCOUNTING DEGREE TO BENEFIT MY CURRENT POSITION   |                             |   |   |  |                 |
|  |                             |   |   |  |                 |
| <p style="text-align: center; font-weight: bold; margin: 0;">COST IMPORTANT</p> <p style="font-size: small; margin: 5px 0;">Be sure to show the cost of EACH CREDIT as well as the total cost of all credits in applicable spaces at the right</p> <p style="font-weight: bold; margin: 5px 0;">PAYMENT IS SUBJECT TO AVAILABLE FUNDS!</p> | CHARGE PER CREDIT           | \$ 163.00                                   | x TOTAL NO. CREDITS 6                             | = TOTAL CREDIT COST \$ 978.00  |                 |
|  |                             |   |   | Service Fee (Community Colleges Only)  | \$134.00        |
|  |                             |   |   | Laboratory Fee   | \$85.00         |
|  |                             |   |   | Other Fees   | \$15.00         |
|  |                             |   |   | Sub Total  | \$1212.00       |
|  |                             |   |   | LESS - Financial-Aid Received from Other Sources                                 | \$360.00        |
|  |                             |   |   | <b>NET COST</b>  | <b>\$852.00</b> |



|   |   |             |                      |                                   |                        |
|---|---|-------------|----------------------|-----------------------------------|------------------------|
| <b>APPLICANT'S CERTIFICATION</b>              | I certify that I am familiar with regulations for tuition reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.          |             |                      |                                   |                        |
|   | SIGNED (Applicant)  <i>Supervisor</i> <i>Dean</i> DATE 11/6/18  |             |                      |                                   |                        |
| <b>AGENCY RECOMMENDATION</b>                  | I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> recommend this person's participation. |             |                      |                                   |                        |
|   | AGENCY APPROVAL OFFICER (Signature)   |             | DATE RECEIVED BY TRO | EMAIL                             | TELEPHONE NO.          |
|   | IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE - <u>only</u> for extraordinary circumstances  |             |                      |                                   |                        |
| <b>FOR USE IF APPLICATION IS NOT APPROVED</b> | STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION  |             |                      |                                   |                        |
|   | SIGNATURE   |             |                      |                                   | DATE                   |
| <b>FOR AGENCY USE ONLY</b>                    | AMOUNT TO BE REIMBURSED   | JOB-RELATED | NON-JOB-RELATED      | DATE RECEIPT AND GRADES SUBMITTED | DATE PAYMENT REQUESTED |
|   | \$  | \$          | \$                   |                                   |                        |
| <b>FOR OSC USE ONLY</b>                       | PRIORITY LIST DATE  | NOTES:      |                      | PROCESSED BY:                     | DATE                   |
|   |   |             |                      |                                   |                        |

DISTRIBUTION: Agency Controller's Administrative Services Division, Tuition Unit, Postponed

# TUITION REIMBURSEMENT

1. Submit proof of payment for the course(s).
2. Provide a transcript showing the grade received for the course(s).

# TRAVEL – GETTING AUTHORIZATION TO TRAVEL

- A Travel Authorization (TA) must be completed and in Accounts Payable at least two weeks prior to the travel dates.
- No arrangements should be booked or paid for until you have received a Travel Authorization number.
- If travel cancellation is initiated by the traveler it is their responsibility to notify A/P and all vendors and it might require the repayment of all prepaid charges to NVCC.
- If cancellation is due to weather or conference cancellation an exemption form can be filled out and you will need to provide alternate coding



# SECTION II: Where, When, How and Who

| ITINERARY  |                |  | DEPART         |                       |       | RETURN              |                                 |                  | CARRIER INFO  |     |
|--|----------------|--|----------------|-----------------------|-------|---------------------|---------------------------------|------------------|---------------|-----|
| (9) HOME / DUTY STATION                              | (10) TRAVEL TO |  | (11) DATE HOUR | &                     | HOUR  | (12) DATE HOUR      | &                               | HOUR             | (13) FLIGHT # |     |
| Waterbury  | Baltimore, MD  |  | 11/1/18        |                       |       | 11/4/18             |                                 |                  | Jet Blue      | 599 |
| (14) TYPE OF TRANSPORTATION:                         |                |  | Air            |                       |       |                     |                                 |                  |               |     |
| A. AIR / RAIL FARE (Sanditz Travel Reservation only) |                |  | \$ 355.41      | B. EMPLOYEE OWNED CAR |       | YES                 | C. CURRENT CAR POLICY EXP. DATE |                  | 12/31/2018    |     |
| D. PARKING PERMIT - BRADLEY AIRPORT ONLY (YES/NO)    |                |  | YES            | E. STATE OWNED CAR    |       | F. NAMES OF RIDERS: |                                 |                  |               |     |
| (15) REGISTRATION PREPAID BY CSCU (Yes/No)           |                |  | YES            | P.CARD                | 55.00 | CHECK:              |                                 | VENDOR'S TAX ID# |               |     |
| (16) LODGING PREPAID BY CSCU (Yes/No)                |                |  | NO             | P.CARD                | \$ -  | CHECK: \$ -         |                                 | VENDOR'S TAX ID# |               |     |



# SECTION IV

|   |  |  |  |  |           |      |   |                   |             |
|---|--|--|--|--|-----------|------|---|-------------------|-------------|
| (30) EMPLOYEE SIGNATURE (type your name)  |  |  |  |  | (31) DATE |      | (31a) TA Preparer's name                        | (31b) Telephone # | (31c) DATE  |
| Karen Morris  |  |  |  |  | 10/11/18  |      |   |                   |             |
| IV AGENCY CERTIFICATION   |  |  |  |  |           |      | TRAVEL OFFICE USE ONLY [don't change formulas]  |                   |             |
| I certify that the services have been performed and the expenses incurred as stated in this account, except as noted; that they were necessary and proper; and that the amounts claimed are just and reasonable, except as noted. |  |  |  |  |           |      | Total employee detail expenses                  |                   | \$ -        |
| (32) AUTHORIZED SIGNATURE (supervisor's name)   |  |  |  |  | (33) DATE |      | Plus airfare / railfare amount prepaid CSCU     |                   | \$ -        |
| Lisa Palen  |  |  |  |  |           |      | Plus registration / lodging prepayments by CSCU |                   | \$ -        |
| (34) AUTHORIZED SIGNATURE (President's name)  |  |  |  |  | (35) DATE |      | TOTAL TRAVEL AUTHORIZATION AMOUNT:              |                   | \$ -        |
| (36) BANNER CODING:   |  |  |  |  | FUND      | ORG  | ACCT  | PROG              | (37) AMOUNT |
|   |  |  |  |  |           | H736 |   |                   | \$ -        |
| * Current copy of automobile insurance policy must be on file in the Travel Office.   |  |  |  |  |           |      | NET AMOUNT DUE EMPLOYEE                         |                   | \$ -        |

# ADDITIONAL ITEMS NEEDED

- Any item that you have listed in Section II or III should have a corresponding document attached. We have created a Pre TA checklist that lets you know what documentation we expect for each.
- Provide a schedule of the event.
- Complete the Presidential Approval form (we will obtain the President's signature).
- Send all documentation to Accounts Payable for review. Once approved, a TA number will be assigned and sent to you.



**NAUGATUCK VALLEY COMMUNITY COLLEGE**  
**750 Chase Parkway**  
**Waterbury, CT 06708 M E M O R A N D U M**

**TO:** Daisy Cocco De Filippis, President

**FROM:** \_\_\_\_\_

Dean

**DATE:** \_\_\_\_\_ **DATE of TRAVEL:** \_\_\_\_\_

**SUBJECT:** Travel Recommendation

**NAME:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

The attached travel authorization is:

\_\_\_ Essential to the continuation of instruction, academic programming, or community service.

\_\_\_ Essential to provide academic or student support services integral to student success.

\_\_\_ Essential to the safe and effective operation of college facilities.

**AND**

\_\_\_ Was previously approved/authorized.

\_\_\_ Is being paid through private or grant funding.

\_\_\_ Is being paid through collective bargaining funding / professional development.

\_\_\_ Is being paid through OE.

**How will you share knowledge obtained with the campus?** \_\_\_\_\_

\_\_\_\_\_

Thank you for your consideration.

\_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature

\_\_\_\_\_ Recommended: \_\_\_ \_\_\_ \_\_\_

Dean of Administration Signature Yes No Date

\_\_\_\_\_ Approved: \_\_\_ \_\_\_ \_\_\_

President Signature Yes No Date

# TRAVEL REIMBURSEMENT

- Update the amounts on your TA to actual expenses. If you have saved the form on your desktop this will be easy.
- Provide backup for each charge you incurred.
- Provide proof that you attended the conference (name tag, program, picture)
- You and your Dean need to sign the form and send everything to Accounts Payable to process. If the amounts have not changed from your original submission you do not need to get signatures again.

# QUESTIONS???

Contact Accounts Payable at [NV-ACCTSPAY@NV.edu](mailto:NV-ACCTSPAY@NV.edu). We will get back to you as soon as possible to set up a time to meet with you.