
STARS USER MANUAL.....	1
TRAVEL (TRVL) FORM INSTRUCTIONS.....	1
CLAIMANT INFORMATION.....	1
TRAVEL DETAIL INFORMATION	2
MODE OF TRAVEL.....	3
TOTALS / SIGNATURES.....	4

STARS USER MANUAL

TRAVEL (TRVL) FORM INSTRUCTIONS

Send the form to:

State Controller's Office
Division of Statewide Accounting
4th Floor, Joe R. Williams Building
P.O. Box 83720
Boise, ID 83720-0011
Fax: 334-3415; E-mail: dsahelp@scs.idaho.gov

The following describes how to enter the information on each section of the TRVL form.

CLAIMANT INFORMATION

<u>Data</u>	<u>Description</u>
AGENCY NAME	Enter your agency name. The name of the agency authorizing the travel.
AGENCY CODE	Enter your three-digit agency code. The agency code of the agency authorizing the travel.
CONTACT NAME	Enter your name in this field so whoever works with the form knows whom to contact for questions.
PHONE #	Enter your phone number so whoever works with the form knows how to contact you on questions.
DATE	Enter the current date.
CLAIMANT'S NAME	Enter your name.
CLAIMANTS' SOCIAL SECURITY NUMBER	Enter your nine-digit social security number. This is the number that the transaction will post to on the Vendor Payment File.
OFFICIAL HOME STATION	Enter the location of your official home statement as per the travel regulations.

Data	Description
PERSONAL VEHICLE LICENSE NUMBER	Enter your personal vehicle license number if you are requesting reimbursement for your personal vehicle usage.
STATE VEHICLE LICENSE NUMBER	Enter the state vehicle license number if you used a state vehicle during the travel.
PURPOSE OF TRAVEL	Enter the purpose of the travel for which you are requesting reimbursement.

TRAVEL DETAIL INFORMATION

Data	Description
FROM CITY	Enter the city where you began your travel.
DEPARTED DATE	Enter the date you departed (left) on your trip.
DEPARTED TIME	Enter the time (include am or pm) you departed (left) on your trip.
TO CITY / STATE	Enter the city and state that is your final destination on the trip.
ARRIVED DATE	Enter the date you arrived at your final destination on the trip.
ARRIVED TIME	Enter the time (include am or pm) you arrived at your final destination.
MEETING DATES/TIMES	Enter the beginning and ending dates and times of the meeting if you are traveling to a meeting.
DATE	Enter the dates for which you are requesting reimbursement.
TOTAL MEALS ALLOWED	Enter the amount you spent on meals for the day, not to exceed the maximum allowable.
P-CARD MEALS TO DEDUCT	If you charged any of your meals to a P-Card, list the amount of the charge. You can use this field for other types of third-party payer cards or direct billings. Include the type of card or the direct billing vendor in the comments area.
LODGING	Enter the amount you spent on lodging for the day.

Data	Description
P-CARD LODGING TO DEDUCT	If you charged any of the lodging to a P-Card, list the amount of the charge. You can use this field for other types of third-party payer cards or direct billings. Include the type of card or the direct billing vendor in the comments area.
PERSONAL VEHICLE MILES DRIVEN	Enter the miles you drove your personal vehicle (as per the travel regulations) if you are requesting reimbursement for your personal vehicle usage.
COMMENTS	Enter any comments, including the vendor name if you are direct billing or the type of third-party payer card you are using if not a P-Card.
TOTALS	Enter the totals of the Total Meals Allowed, P-Card Meals to Deduct, Lodging, P-Card Lodging to Deduct, and Personal Vehicle Miles Driven for the trip.

MODE OF TRAVEL

Data	Description
MODE OF TRAVEL – AMOUNT – PRIVATE VEHICLE – COMM AIRFARE – TRAIN, BUS – TAXI – OTHER	Enter the amount of the cost for your mode of travel. For Private Vehicle, use the total of Personal Vehicle Miles Driven times the rate as determined by the Board of Examiners. All others should be the actual cost incurred. Enter the name of the vendor in the comments area.
P-CARD AMOUNT TO DEDUCT	If you charged any of the Mode of Travel items to a P-Card, list the amount of the charge. You can use this field for other types of third-party payer cards or direct billings. Include the type of card or the direct billing vendor in the comments area.
COMMENTS	Enter any comments, including the vendor name if you are direct billing or the type of third-party payer card you are using if not a P-Card.
MISC – AMOUNT – OTHER	Enter the amount of any miscellaneous costs during your travel that the Board of Examiners allows in the travel policy. Enter the type of cost in the comments area.

Data	Description
COMMENTS	Enter any comments, including the vendor name if you are direct billing or the type of third-party payer card you are using if not a P-Card.
TOTAL	Enter the total of the Mode of Travel and the total of the Miscellaneous items for the trip.

TOTALS / SIGNATURES

NOTE: Reimbursement of amounts greater than those identified in these regulations may result in your agency having to submit information for preparation of an IRS supplemental W-2 as additional income to the employee.

Data	Description
TOTALS	Sum of the Total Meals Allowed, less P-Card Meals to Deduct, plus Lodging, less P-Card Lodging to Deduct, plus Mode of Travel, less P-Card Amt to Deduct, plus Miscellaneous, less P-Card Amt to Deduct. This total will be the cost of the trip incurred by the claimant/traveler.
LESS ROTARY/PCARD ADVANCE	If you received a rotary fund advance or a P-Card cash advance, enter that amount.
ROTARY ADV #	If you received a rotary fund advance, enter the rotary fund check number.
TOTAL	Deduct the rotary fund or P-Card advance from the total. If the amount is a (+), this is the amount you will be paid. If the amount is a (-), this is the amount you must refund to your agency.
THIRD-PARTY REIMBURSEMENT	If you are expecting reimbursement by a third party, enter the name of the third party and the amount.
CLAIMANT SIGNATURE	Sign the form to certify that the information in the voucher is correct and just.
AGENCY APPROVAL	An approved signatory of the agency must sign the form to certify that the travel was performed under competent order, the purpose of which it was undertaken is correct, and that the same was necessary in the public service.
FISCAL INFORMATION	Once the travel voucher is complete and approved, the agency should code it for STARS.