

UNIVERSITY OF HAWAII - ETRAVEL		PRINT DOCUMENT CLOSE WINDOW	
TRAVEL COMPLETION			
TRAVELER	:	DOCUMENT NO. :	T499568 REVISION:
UH NUMBER	:	BARGAINING UNIT : 07	DOCUMENT TYPE : COMPLETION (MA)
VENDOR CODE	:	.FT : <input type="checkbox"/> PAYROLL NO. : F58	STATUS : RELEASED
DIVISION	:	C OF HLTH SCI & SW	PROCESS VIA : UH Disbursing Office
BRANCH / DEPT.	:	SCH OF MED	DESTINATION : Out-of-State, U.S. (CONUS)
TITLE	:	ASST PROF, UHM, 9-MO	ACCOUNTING METHOD : By Percentage
BUS. OFC. ACCESS	:	00018 - Medicine, School of	CREATED : 10-11-2011 by
DOCUMENT FO CODE	:	00018	LAST MOD (FIELD) : 11-16-2011 by
PRIMARY CATEGORY	:	Meeting, Other	LAST MOD (DISB) : 11-28-2011 by
JUSTIFICATION	:	Dr. , will be traveling to San Francisco, CA for lab collaboration, manuscript preparation, and (R01/SEARCH) grant meetings on 09/29/11 to 09/30/11.	
COVERAGE OF DUTIES	:	Dr. will be available via e-mail for the duration of his trip. He will take 1.25 days of personal leave while in San Francisco.	
SOURCE OF FUNDS	:	Account:	

ACTUAL BUSINESS ITINERARY - EZ												
DESTINATION (City, State or Country)		DATE and TIME	LEG ID	CALC. DAYS	MINUS DAYS	BUS. DAYS		IRS RATE	F.A.R.	ACTUAL RATE	DAYS CLAIM	COST
Honolulu, HI	AT ARPT DEP	09/28/2011 08:57 PM	Start									
List destination(s) traveling to: San Francisco, CA				1	4.25	- Pers Days 1.25	3.00	LODG 0.00	180.00	276.30	2.00	552.60
								M&IE 0.00	71.00	71.00	3.00	213.00
								P/D				
Honolulu, HI	ARR	10/02/2011 9:34 PM	End									
								LODG			2.00	552.60
CALCULATED TOTALS : *Total Personal Days Only				4.25	1.25 *	3.00		M&IE			3.00	213.00
								P/D			0.00	0.00
								TOTAL			\$	765.60

ESTIMATED EXPENDITURES FROM THE TRAVEL REQUEST (click here to show/hide)							
ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total							765.60
TRANS: Airfare	1	PO	R788148				554.81
TRANS: Taxi	1	PersCC	Taxi fares to/from Airport and Hotels				100.00
OTHER: Phone/Fax/Internet	1	Cash/Check	Commnication with HICFA				100.00
						TOTAL	\$ 1,520.41
						- PAID VENDOR(S)	\$ 554.81
						= BALANCE	\$ 965.60

ACTUAL EXPENDITURES								
ITEM	LEG ID	SUBCODE	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total		4550						765.60
TRANS: Airfare	1	4450	UH: PO	R788148				554.81

TRANS: Taxi	1	4450	TRVLR: PersonalCC	Taxi fares to/from Honolulu Airport	72.00	
TRANS: Car Rental	1	4450	TRVLR: PersonalCC	Rental Car	167.82	
TRANS: Parking		4450	TRVLR: PersonalCC	Parking for Rental Car in San Francisco	17.50	
					TOTAL	\$ 1,577.73
					- PAID VENDOR(S)	\$ 554.81
					= DUE TRAVELER	\$ 1,022.92
					- PAID TRAVELER	\$ 0.00
					= BALANCE	\$ 1,022.92
					OWE TRAVELER	\$ 1,022.92
					OWE UH	0.00

ACCOUNT INFORMATION - BY PERCENTAGE OPTION						
CAMPUS	ACCOUNT NO.	% SPLIT	ACCOUNT TITLE	RESP PERSON	FO CODE	AMOUNT
MA		100%			00018	1,022.92
					TOTAL	\$ 1,022.92

OWE TRAVELER ACCOUNT INFORMATION						
CAMPUS	ACCOUNT NO.	ACCOUNT TITLE	RESPONSIBLE PERSON	FO CODE	SUBCODE	DEBIT AMOUNT
MA				00018	4450	257.32
MA				00018	4550	765.60
					TOTAL	\$ 1,022.92

COMMENTS (click here to show/hide)
<p>Dr. is requesting taxi to and from the airport and Hotel in San Francisco and Honolulu. He will also require internet to keep in touch with the Hawaii Center for AIDS while he is in San Francisco. Dr. will be taking 1.25 days of personal time for this trip. Dr. needed a rental car (\$167.82) for transportation from his hotel to the meetings at UCSF-Parnassus Campus, San Francisco General Hospital, and Blood System Research Institute. He is also requesting reimbursement for his parking (\$17.50). 10/28: Hertz charge of \$10 on hotel bill was denied. Corrected total P/D: 765.60; 11/4: Comparison quarter day calculator was used along with business only itinerary and difference was 1.25 for personal days. Arrival time in Honolulu was changed to 9:34pm (actual on invoice).</p>


**The Research Corporation of the University of Hawaii
Travel Completion Report**

Last Name, First Name		Project Address (Dept) C/O OF SCHOOL OF MEDICINE		Doc. No. Z900714	
Position Title ASST PROF, UHM, 9-MO		Social Security Number		Direct Inquiries On This Travel Completion Report To SOMEONE WHO KNOWS THE ANSWERS	
Special Instructions				FO Staff to Review Travel Completion Report SOMEONE WHO MAY ASK QUESTIONS BUT SHOULDN'T IF EVERYTHING IS EXPLAINED AND LABELED	
Departure		Return		Itinerary	
Date	Time	Date	Time	HONOLULU, HI - SAN FRANCISCO, CA - HONOLULU, HI	
09/28/11	8:57 PM	10/02/11	9:34 PM		
Employee Status UH		Amount Advanced \$0.00		Project Number various see below	Budget Category various see below
For UH employees, complete the following:		Use the schedules below whenever multiple/flat per diem rates or multiple excess lodging rates are being utilized.			
PR No. F58	B.U. No. 07				
ACTUAL TRAVEL EXPENDITURES:				Internal Comments	
Per Diem: Depart Day N/A + Full Days N/A + Return Day N/A x Rate \$0.00 = \$0.00 Less Meals / Lodging Received () Total Days 3 Total Per Diem \$0.00				DR. _____ TOOK 1.25 DAYS OF PERSONAL TIME DURING THIS TRIP. TRAVELER NEEDED A CAR RENTAL (\$167.82) FOR TRANSPORTATION FROM HIS HOTEL TO THE MEETINGS AT UCSF-PARNASSUS CAMPUS, SAN FRANCISCO GENERAL HOSPITAL, AND BLOOD SYSTEM RESEARCH INSTITUTE. TRAVELER IS REQUESTING REIMBURSEMENT FOR CAR RENTAL PARKING (\$17.50).	
Excess Lodging: Days N/A x Rate \$0.00 = \$0.00 Total Days 0 Total Lodging \$192.60					
				Itemize Other Costs:	
				Description	Amount
				PARKING FOR RENTAL CAR IN SAN FRANCISCO, CA	\$17.50
				DO NOT LIST ITEMS COVERED VIA PO OR PCARD	
Subsistence: =					
M&IE Total 213.00					
Regular Lodging Total \$360.00					
Taxi / Car Rental =\$239.82					
Personal Automobile Mileage x Rate = \$0.00					
Taxable Mileage Non-Taxable Mileage				Total	\$17.50
Conference Fee =					
Complete schedule on right side for other costs. Other Costs = \$17.50				I certify that the amount of \$ for which no receipts were obtained was used for the conduct of official business.	
Total Expenditures: \$1,022.92					
Less Travel Advance Received = (\$0.00)					
Claim Due / (Amounts refunded to RCUH): \$1,022.92				Traveler's Signature	Date

_____ Date _____ Fiscal Officer _____ Date _____
 Traveler

_____ Date _____ Supervisor _____ Date _____
 Principal Investigator

	Project #	B/C	S/D	Amount		Multiple Per Diem Rates
1.	008560	0015	10/22/11	\$1,022.92		Days x Rate = \$0.00
2.						Days x Rate = \$0.00
3.						Days x Rate = \$0.00
4.						Multiple Per Diem Rate Total: \$0.00
5.						
6.						Flat Per Diem Rates
7.						Days , Flat Rate
8.						Days , Flat Rate
9.						Days , Flat Rate
10.						Flat Per Diem Rate Total: \$0.00
11.						
12.						Multiple Excess Lodging Rates
13.						Days x Rate = \$0.00
14.						Days x Rate = \$0.00
15.						Days x Rate = \$0.00
16.						Multiple Excess Lodging Rate Total: \$0.00
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
			GRAND TOTAL	\$1,022.92		

For questions regarding this folio, please call
Marriott Business Services toll-free 1-866-435-7627.



GUEST FOLIO

55 Fourth Street, San Francisco, California 94103 • 415 896 1600 • Marriott.com/SFODT

1971	239.00	10/01/11	12:00	6485
Room	Rate	Depart	Time	ACCT#
KJ		09/29/11	05:33	
Type		Arrive	Time	
46				

MRW#: XXXXX5220

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
09/29	HERTZ H262	10.00		
09/29	ROOM 1971, 1	239.00		
09/29	RM TAX 1971, 1	33.46		
09/29	CA TRSM 1971, 1	.25		
09/29	SF TRSM 1971, 1	3.59		
09/30	RM SRVC 30421971	24.48		
09/30	ROOM 1971, 1	239.00		
09/30	RM TAX 1971, 1	33.46		
09/30	CA TRSM 1971, 1	.25		
09/30	SF TRSM 1971, 1	3.59		
10/01	AX CARD			
				\$587.08

Handwritten notes:
 276.30 (bracketed next to 09/29 charges)
 276³⁰ (bracketed next to 09/30 charges)
~~\$512.60~~
 \$552⁶⁰

TO BE SETTLED TO: AMEX CURRENT BALANCE .00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
LISHN@YAHOO.COM
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

We thank you for being a Marriott Business Services Patron.
Gracias Por Su Patronazgo.
Thank You For Your Business.

HOEL Receipt
1781

MAIL CABBUX CARD RECEIPTS TO
CABBUX REBATE CTR WITHIN 90 DAYS
738 KAHEKA ST #201 HON HI 96814
FOR 5 CREDIT

DATE: 2011/10/02
PICK-UP TIME: 21:54
DROP-OFF TIME: 22:19
TRIP ID: 74322
LOCATION: 283600-9995675
CAR NUMBER: H 86
CARD TYPE: AMEX S
CARD: *****
EXPIRY: *****
AUTH: 0544891
FARE (\$) 36.00
EXTRA (\$) 0.00
SUBTTL (\$) 36.00

MAIL CABBUX CARD RECEIPTS TO
CABBUX REBATE CTR WITHIN 90 DAYS
738 KAHEKA ST #201 HON HI 96814
FOR 5 CREDIT

DATE: 2011/09/28
PICK-UP TIME: 19:38
DROP-OFF TIME: 19:54
TRIP ID: 718839
LOCATION: 283600-9995675
CAR NUMBER: 0786
CARD TYPE: AMEX S
CARD: *****
EXPIRY: *****
AUTH: AP546449
FARE (\$) 36.00
EXTRA (\$) 0.00
SUBTTL (\$) 36.00

TIP (\$) _____

TIP (\$) _____

TOTAL (\$) _____

TOTAL (\$) _____

SIGNATURE _____

SIGNATURE _____

THECAB WWW.THECABHAWAII.COM
808.422.2222

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808.422.2222

CUSTOMER COPY

CUSTOMER COPY

Taxi Receipts to/from HNL Airport
\$72.00

Taxi Receipts
1071

THE HERTZ CORPORATION
Phone: 800-654-4173
Web: www.hertz.com



Rental Agreement No: 104080524
Date: 10/01/2011
Document: 931001504448

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter:
Account No.: ***** AMX
CDF No.: 306613
CDF Name: AMEX OPEN SAVINGS

RENTAL REFERENCE

Rental Agreement No: 104080524
Reservation ID: F2442438628
Frequent Traveler: ZE1

RENTAL DETAILS

Rate Plan: IN: CRD OUT: 0418
Rented On: 09/29/2011 08:00 LOC# 124030
SAN FRAN HTL, CA
Returned On: 10/01/2011 05:29 LOC# 124030
SAN FRAN HTL, CA
Car Description: CAMRY 6MJC130
Veh. No.: 2636348
CAR CLASS Charged: F MILEAGE In: 36,824
Rented: F6 Out: 36,772
Reserved: F Driven: 52

MISCELLANEOUS INFORMATION

CC AUTH: 186986 DATE: 2011/09/29 AMT: 345.00

RENTAL CHARGES

DAYS 2 @ 81.00 162.00
SUBTOTAL 162.00
DISCOUNT 20.00% -32.40
SUBTOTAL 129.60
FUEL & SERVICE 21.94
CA TOURISM FEE 3.69
VEHICLE LICENSE FEE 0.74
REFUEL SALES TAX 3.50% 0.77
TAX 8.50% 11.08

TOTAL CHARGES 167.82 USD

EXPRESS RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.

Rental Agreement No: 104080524
Date: 10/01/2011
Document: 931001504448

Direct All Inquiries To:
THE HERTZ CORPORATION
PO BOX 26120
OKLAHOMA CITY, OK 73126-0120
UNITED STATES

Renter:
Account No.: ***** AMX

Phone: 800-654-4173
Web: www.hertz.com

TOTAL CHARGES 167.82 USD

CAR RENTAL RECEIPT
LTH

223823092915312011
SF-UNSO-1565
Union Square Garage
333 Post St.
San Francisco, CA 94108
Tel: 415-397-0631

Entry Time: 9/30/11 3:10 PM
Exit Time: 9/30/11 4:56 PM
Duration: 0d. 1h. 46m.
Pay Station: 9 Tran: 94
Ticket# 37917

Regular In. Card \$ 7.00

Total: \$ 7.00
Tender: \$ 20.00
Change: \$ 13.00

Tax 1 \$ 0.00

Parking Concepts Inc
12 Mauchly, Bid I, SF CA 94118
415-397-7275, Bus. Lic. # 340487

223823092915312011
SF-UNSO-1565
Union Square Garage
333 Post St.
San Francisco, CA 94108
Tel: 415-397-0631

Entry Time: 9/30/11 4:08 PM
Exit Time: 9/30/11 5:09 PM
Duration: 0d. 1h. 0m.
Pay Station: 9 Tran: 94
Ticket# 15979

Regular In. Card \$ 2.00

Total: \$ 2.00
Tender: \$ 20.00
American Express \$ 3.78
Last 4 digits:
Change: \$ 3.00

Tax 1 \$ 0.00

Parking Concepts Inc
12 Mauchly, Bid I, SF CA 94118
415-397-7275, Bus. Lic. # 340487

223823092915312011
SF-UNSO-1565
Union Square Garage
333 Post St.
San Francisco, CA 94108
415-397-0631

Entry Time:
9/29/11 2:27 PM
Exit Time:
9/29/11 3:31 PM
Duration: 0d. 1h. 4m.
Pay Station: 23
Tran: 2238
Ticket# 00270

Regular \$ 7.00

Total:
\$ 7.00
Tender: \$ 0.00
American Expre \$ 7.00
Last 4 digits:
Change: \$ 0.00

City Park
325 5th St., SF 94107
415-495-3909 1565
Thank You! D

Rentacar
Parking in SF
\$17.50

PARKING 1/1