

100% UH Foundation Funded: Travel Request with Advance (SAMPLE)

TRAVEL REQUEST

TRAVELER	: TANAKA, KATHY	DOCUMENT NO.	: T699091 REVISION:
UH NUMBER	: XXXXXXXX BARGAINING UNIT : 08	DOCUMENT TYPE	: REQUEST + ADVANCE
	: EFT : <input checked="" type="checkbox"/> PAYROLL NO. : FXX	STATUS	: FINAL (View Route Log)
POSITION	: XXXXXXXX- INSTITUTIONAL SUPPORT	PROCESS VIA	: UH Foundation
DIVISION	: C OF HLTH SCI & SW	DESTINATION	: Out-of-State, U.S. (CONUS)
BRANCH / DEPT.	: SCH OF MED	ACCOUNTING METHOD	: N/A
BUS. OFC. ACCESS	: 00018 - Medicine, School of	CREATED	: 10-26-2017 by Kathy Tanaka
DOCUMENT FO CODE	: 00018	LAST MOD (F ELD)	: 10-26-2017 by Kathy Tanaka
PRIMARY CATEGORY	: Conference / Seminar	LAST MOD (DISB)	:
JUSTIFICATION	: To attend the 2017 National Institutes of Health (NIH) Regional Seminars on Program Funding and Grants Administration in Chicago, IL, October 26-28, 2016		
COVERAGE OF DUTIES	: Coco Seymour		
SOURCE OF FUNDS	: UH Foundation XXX-XXXX-X		
CHECK HANDLING	: MANUAL CHECK NO. :	DATE :	SPECIAL :

APPROVALS

I understand that failure to submit a Travel Completion (for TRAVEL ADVANCES RECEIVED) within 60 days of the 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.

ROLE	SIGNATURE	APPROVAL DATE
Traveler		
Supervisor/PI		
Department Chair Fiscal Officer		
Dean/Director/ (only if out-of-state) Chancellor/VP /President		

PROPOSED BUSINESS ITINERARY - EZ

DESTINATION (City, State or Country)	AT ARPT	DATE and TIME	LEG ID#	CALC. DAYS	MINUS DAYS	BUS. DAYS	F.A.R.	EST'D RATE	DAYS CLAIM	COST	
Honolulu, HI	AT	10/24/2017 1:00 PM	Start								
	DEP	10/24/2017 3:50 PM									
Destination(s) traveling to: Chicago, IL			1	5.25		5.25				1,520.35	
							LODG	212.00	304.07	5 00	1,520.35
							M&IE	74.00	74.00	5 25	388.50
							P/D				
Honolulu,, HI	ARR	10/29/2017 1:21 PM	End								
									5 00	1,520.35	
									5 25	388.50	
									0 00	0.00	
									\$	1,908.85	
CALCULATED TOTALS :				5.25	0.00 *	5.25					
*Total Personal Days Only											

ESTIMATED EXPENDITURES & ADVANCE

ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	EST'D EXP AMOUNT	ADVANCE
P/D: Itinerary Total		TRVLR: PersonalCC	Lodging and M&IE				1,908.85	1,908.85
TRANS: Airfare		TRVLR: PersonalCC	RT Economy airfare HNL - Chicago - HNL				979.64	979.64
OTHER: Conf/Regis Fee		TRVLR: PersonalCC	Conference Registration				300.00	300.00
TRANS: Taxi		TRVLR: PersonalCC	RT Airport shuttle to/from hotel				100.00	
TRANS: Baggage		TRVLR: PersonalCC	1 checked bag (\$25 one way) - RT				50.00	
TOTAL							\$ 3,338.49	\$ 3,188.49
- PAID VENDOR(S)							\$ 0.00	
= DUE TRAVELER							\$ 3,338.49	
- PAID TRAVELER							\$ 0.00	
= BALANCE							\$ 3,338.49	



PEID:

Document # V018xxx

UHF Fiscal use.

CHECK REQUEST FORM

Payee Name:	Kathy Tanaka	Payee's Preferred Mailing Address:	School of Medicine, Fiscal Office MEB 4th Floor
Payee Title: (Including UHF, UH, RCUH, & Students)	Institutional Support		

Amount	Project #	Object Code	2nd Ref <small>(16 characters maximum) - optional; prints on IFAS reports</small>
\$1,908.85	XXX-XXXX-X	----	T699091, 10/24-29/17
\$979.64	-----	----	
\$300.00	-----	----	
\$3,188.49	Total Requested		

Check Description: Will print on check stub. Optional. 30 characters maximum. T699091, 10/24-29/17

Business Purpose (To add a second line hit ALT + RETURN): Attend 2017 National Institutes of Health (NIH) Regional Seminars on Program Funding and Grants Administration in Chicago, IL, October 26-28, 2017.

Name and extension or e-mail of person/requestor to contact if there are questions about this check request. Keenan Lee, xxx-xxxx

My signature below certifies the expenditure/reimbursement is in line with the purpose of the aforementioned account(s) and complies with the University of Hawaii Foundation's account policies, supports bona fide University activities, and does not provide any direct or indirect personal benefit.

Date: _____	Payee (if UH/RCUH employee) Kathy Tanaka	Print Name	Signature
Date: _____	Account Administrator Approval Account Admin #1	Print Name	Signature
Date: _____	Account Administrator Approval <small>(2nd approval required if over \$250)</small> Account Admin #2	Print Name	Signature
Date: _____	Supervisor Signature _____	Print Name	Signature

(Required when payee is Dean, Director or higher for any meal and entertainment expenses or any other reimbursements above \$150)

Please choose one of the following:

1) Pick Up Check (please include name and extension of who to notify when check is ready.) _____ X	2) Mail Check _____
--	----------------------------

FOR UHF FISCAL USE ONLY

Invoice # (16): _____	Invoice Amount \$ 3,188.49
Invoice Date: _____	Due Date: _____
Relate Codes: _____	Separate Ck: _____
Misc: _____	Addr: _____
Funds Available: _____	Fiscal Approval: _____

UNIVERSITY OF HAWAI'I FOUNDATION		PRINT DOCUMENT CLOSE WINDOW	
TRAVELER	: TANAKA, KATHY K H	DOCUMENT NO.	: T699091 REVISION:
UH NUMBER	: 10365257	DOCUMENT TYPE	: REQUEST + ADVANCE

APPROVALS		
ROLE	SIGNATURE	APPROVAL DATE
Traveler		
Supervisor/PI		
Account Administrator		
Account Administrator		

ESTIMATED EXPENDITURES & ADVANCE								
ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	EST'D EXP AMOUNT	ADVANCE
P/D: Itinerary Total		TRVLR: PersonalCC	Lodging and M&IE				1,908.85	1,908.85
TRANS: Airfare		TRVLR: PersonalCC	RT Economy airfare HNL - Chicago - HNL				979.64	979.64
OTHER: Conf/Regis Fee		TRVLR: PersonalCC	Conference Registration				300.00	300.00
TRANS: Taxi		TRVLR: PersonalCC	RT Airport shuttle to/from hotel				100.00	
TRANS: Baggage		TRVLR: PersonalCC	1 checked bag (\$25 one way) - RT				50.00	
TOTAL							\$ 3,338.49	\$ 3,188.49
- PAID VENDOR(S)							\$ 0.00	
= DUE TRAVELER							\$ 3,338.49	
- PAID TRAVELER							\$ 0.00	
= BALANCE							\$ 3,338.49	

ACCOUNT NO.	AMOUNT
XXX-XXXX-X	\$3,188.49

100% UH Foundation Funded: Travel Completion (SAMPLE)

UNIVERSITY OF HAWAII - ETRAVEL				PRINT DOCUMENT CLOSE WINDOW			
TRAVEL COMPLETION							
TRAVELER	: TANAKA, KATHY			DOCUMENT NO.	: T699091 REVISION:		
UH NUMBER	: XXXXXXXX		BARGAINING UNIT : 08	DOCUMENT TYPE	: COMPLETION		
	: EFT : <input checked="" type="checkbox"/>		PAYROLL NO. : FXX	STATUS	: IN PROCESS		
POSITION	: XXXXXXXX INSTITUTIONAL SUPPORT			PROCESS VIA	: UH Foundation		
DIVISION	: C OF HLTH SCI & SW			DESTINATION	: Out-of-State, U.S. (CONUS)		
BRANCH / DEPT.	: SCH OF MED			ACCOUNTING METHOD	: N/A		
BUS. OFC. ACCESS	: 00018 - Medicine, School of			CREATED	: 10-26-2017 by Kathy Tanaka		
DOCUMENT FO CODE	: 00018			LAST MOD (FIELD)	: 10-27-2017 by Kathy Tanaka		
PRIMARY CATEGORY	: Conference / Seminar			LAST MOD (DISB)	:		
JUSTIFICATION	: To attend the 2017 National Institutes of Health (NIH) Regional Seminars on Program Funding and Grants Administration in Chicago, IL, October 26-28, 2017.						
COVERAGE OF DUTIES	: Corinne Seymour						
SOURCE OF FUNDS	: UH Foundation xxx-xxxx-x						
LATE COMPLETION JUSTIFICATION	: pending receipts from traveler						

APPROVALS		
<i>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.</i>		
ROLE	SIGNATURE	APPROVAL DATE
Traveler		
Supervisor/PI		
Department Chair (only if itinerary changed) Fiscal Officer		
Dean/Director/ Chancellor/VP /President		

ACTUAL BUSINESS ITINERARY - EZ												
DESTINATION (City, State or Country)	AT ARPT	DATE and TIME	LEG ID	CALC. DAYS	MINUS DAYS	BUS. DAYS	IRS RATE	F.A.R.	ACTUAL RATE	DAYS CLAIM	COST	
Honolulu, HI	DEP	10/24/2017 3:50 PM	Start									
	ARR	10/24/2017 1:00 PM										
List destination(s) traveling to: Chicago, IL			1	5.25		5.25	LODG	0.00	212.00	304.07	5.00	1,520.35
							M&IE	0.00	74.00	74.00	5.25	388.50
							P/D					
Honolulu, HI	ARR	10/29/2017 1:21 PM	End									
				5.25	0.00 *	5.25	LODG				5.00	1,520.35
							M&IE				5.25	388.50
							P/D				0.00	0.00
							TOTAL				\$	1,908.85

ESTIMATED EXPENDITURES FROM THE TRAVEL REQUEST (show/hide)							
ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total		PersCC	Lodging and M&IE				1,908.85
TRANS: Airfare		PersCC	RT Economy airfare HNL - Chicago - HNL				979.64
OTHER: Conf/Regis Fee		PersCC	Conference Registration				300.00

TRANS: Taxi	PersCC	RT Airport shuttle to/from hotel	100.00
TRANS: Baggage	PersCC	1 checked bag (\$25 one way) - RT	50.00
TOTAL			\$ 3,338.49
- PAID VENDOR(S)			\$ 0.00
= BALANCE			\$ 3,338.49

ACTUAL EXPENDITURES								
ITEM	LEG ID	OBJECT CODE	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total		4550	TRVLR: PersonalCC	Lodging and M&IE				1,908.85
TRANS: Airfare		4450	TRVLR: PersonalCC	RT Economy airfare HNL - Chicago - HNL				979.64
OTHER: Conf/Regis Fee		4851	TRVLR: PersonalCC	Conference Registration				300.00
TRANS: Taxi		4450	TRVLR: PersonalCC	RT Airport shuttle to/from hotel				65.00
TRANS: Baggage		4450	TRVLR: PersonalCC	1 checked bag (\$25 one way) - RT				50.00
TOTAL								\$ 3,303.49
- PAID VENDOR(S)								\$ 0.00
= DUE TRAVELER								\$ 3,303.49
- PAID TRAVELER								\$ 3,188.49
= BALANCE								\$ 115.00
OWE TRAVELER								\$ 115.00
OWE UH								

COMMENTS (show/hide)
Additional expenses for Taxi fee to/from hotel - \$65.00 and Baggage Fee - \$50.00



PEID: **Document # V018xxx**

UHF Fiscal use.

CHECK REQUEST FORM

Payee Name:	Kathy Tanaka	Payee's Preferred Mailing Address:	School of Medicine, Fiscal Office MEB 4th Floor
Payee Title: (Including UHF, UH, RCUH, & Students)	Institutional Support		

Amount	Project #	Object Code	2nd Ref <small>(16 characters maximum) - optional; prints on IFAS reports</small>
\$65.00	xxx-xxxx-x	----	T699091, Taxi (RT)
\$50.00	xxx-xxxx-x	----	T699091, Baggage Fee
	-----	-----	
	-----	-----	
	-----	-----	
\$115.00	Total Requested		

Check Description: Will print on check stub. Optional. 30 characters maximum. T699091, NIH 2017

Business Purpose (To add a second line hit ALT + RETURN): Attend the 2017 National Institutes of Health (NIH) Regional Seminars on Program Funding and Grants Administration in Chicago, IL, October 26-28, 2017.

Name and extension or e-mail of person/requestor to contact if there are questions about this check request. Keenan Lee, xxx-xxxx

My signature below certifies the expenditure/reimbursement is in line with the purpose of the aforementioned account(s) and complies with the University of Hawaii Foundation's account policies, supports bona fide University activities, and does not provide any direct or indirect personal benefit.

Date: _____	Payee (if UH/RCUH employee) Kathy Tanaka	Print Name	Signature
Date: _____	Account Administrator Approval Account Admin #1	Print Name	Signature
Date: _____	Account Administrator Approval (2nd approval required if over \$250) Account Admin #2	Print Name	Signature
Date: _____	Supervisor Signature _____	Print Name	Signature

(Required when payee is Dean, Director or higher for any meal and entertainment expenses or any other reimbursements above \$150)

Please choose one of the following:

1) Pick Up Check (please include name and extension of who to notify when check is ready.)	2) Mail Check
_____ X _____	_____

FOR UHF FISCAL USE ONLY

Invoice # (16): _____	Invoice Amount	\$ 115.00	
Invoice Date: _____	Due Date: _____		
Relate Codes: _____	Separate Ck: _____		
Misc: _____	Addr: _____		
Funds Available: _____	Fiscal Approval: _____		

UNIVERSITY OF HAWAII FOUNDATION		PRINT DOCUMENT CLOSE WINDOW	
TRAVELER	: TANAKA, KATHY K H	DOCUMENT NO.	: T699091 REVISION:
UH NUMBER	: 10365257	DOCUMENT TYPE	: COMPLETION

APPROVALS		
ROLE	SIGNATURE	APPROVAL DATE
Traveler		
Supervisor/PI		
Account Administrator		
Account Administrator		

ACTUAL EXPENDITURES								
ITEM	LEG ID	OBJECT CODE	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total		4550	TRVLR: PersonalCC	Lodging and M&IE				1,908.85
TRANS: Airfare		4450	TRVLR: PersonalCC	RT Economy airfare HNL - Chicago - HNL				979.64
OTHER: Conf/Regis Fee		4851	TRVLR: PersonalCC	Conference Registration				300.00
TRANS: Taxi		4450	TRVLR: PersonalCC	RT Airport shuttle to/from hotel				65.00
TRANS: Baggage		4450	TRVLR: PersonalCC	1 checked bag (\$25 one way) - RT				50.00
							TOTAL	\$ 3,303.49
							- PAID VENDOR(S)	\$ 0.00
							= DUE TRAVELER	\$ 3,303.49
							- PAID TRAVELER	\$ 3,188.49
							= BALANCE	\$ 115.00
							OWE TRAVELER	\$ 115.00
							OWE UH	

ACCOUNT NO.	AMOUNT
XXX-XXXX-X	\$115.00

Mixed UH & UH Foundation Funded: Travel Request with Advance (SAMPLE)

UNIVERSITY OF HAWAII - ETRAVEL				PRINT DOCUMENT CLOSE WINDOW			
TRAVEL REQUEST							
TRAVELER	: TANAKA, KATHY K H			DOCUMENT NO.	: T699095 REVISION:		
UH NUMBER	: xxxxxxxx	BARGAINING UNIT	: 08	DOCUMENT TYPE	: REQUEST + ADVANCE (MA)		
	: EFT : <input checked="" type="checkbox"/>	PAYROLL NO.	: FXX	STATUS	: FINAL (View Route Log)		
POSITION	: xxxxxxxx - INSTITUTIONAL SUPPORT			PROCESS VIA	: UH Disbursing Office		
DIVISION	: C OF HLTH SCI & SW			DESTINATION	: Out-of-State, U.S. (CONUS)		
BRANCH / DEPT.	: SCH OF MED			ACCOUNTING METHOD	: By Percentage		
BUS. OFC. ACCESS	: 00018 - Medicine, School of			CREATED	: 10-30-2017 by Kathy Tanaka		
DOCUMENT FO CODE	: 00018			LAST MOD (FIELD)	: 10-30-2017 by Kathy Tanaka		
PRIMARY CATEGORY	: Conference / Seminar			LAST MOD (DISB)	:		
JUSTIFICATION	: To attend the 2017 Association of American Medical Colleges (AAMC) Annual Meeting, November 7-9, 2017, Boston, MA.						
COVERAGE OF DUTIES	: Coco Seymour						
SOURCE OF FUNDS	: UH Trust / Fixed 4xxxxxx - Lodging, M/IE, Ground Transportation, Baggage UH Foundation xxx-xxxx-x - Airfare and Registration						
CHECK HANDLING	: MANUAL CHECK NO. :		DATE :		SPECIAL :		

PROPOSED BUSINESS ITINERARY - EZ											
DESTINATION (City, State or Country)		DATE and TIME	LEG ID#	CALC. DAYS	MINUS DAYS	BUS. DAYS		F.A.R.	EST'D RATE	DAYS CLAIM	COST
Honolulu, HI	AT ARPT	11/06/2017 1:50 PM	Start								
	DEP	11/06/2017 4:50 PM									
Destination(s) traveling to: Boston, MA			1	4.25		4.25					1,066.22
							LODG	194.00	266.556	4.00	Excess Lodging Justification Staying at conference hotel.
							M&IE	71.00	71.00	4.25	301.75
							P/D				
Honolulu, HI	ARR	11/10/2017 3:29 PM	End								
CALCULATED TOTALS :				4.25	0.00 *	4.25					
*Total Personal Days Only							LODG			4.00	1,066.22
							M&IE			4.25	301.75
							P/D			0.00	0.00
							TOTAL			\$	1,367.97

ESTIMATED EXPENDITURES & ADVANCE									
ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	EST'D EXP AMOUNT	ADVANCE	
P/D: Itinerary Total		TRVLR: PersonalCC					1,367.97	1,367.97	
TRANS: Airfare		UH: UH Foundation	RT Economy airfare HNL - Boston, MA - HNL				876.10		
OTHER: Conf/Regis Fee		UH: UH Foundation	AAMC Registration				900.00		
TRANS: Taxi		TRVLR: PersonalCC	RT Airport shuttle to/from hotel (\$25 one way)				50.00		
TRANS: Baggage		TRVLR: PersonalCC	RT Baggage \$25 one way				50.00		
							TOTAL	\$ 3,244.07	\$ 1,367.97
							- PAID VENDOR(S)	\$ 1,776.10	
							= DUE TRAVELER	\$ 1,467.97	
							- PAID TRAVELER	\$ 0.00	

= BALANCE \$ 1,467.97

ACCOUNT INFORMATION - BY PERCENTAGE OPTION									
CAMPUS	ACCOUNT NO.	SUB ACCOUNT NO.	% SPLIT	ACCOUNT TITLE	RESP PERSON	FO CODE	EST'D EXP BALANCE AMOUNT	ADVANCE	
								OBJECT CODE	AMOUNT
MA	4 [REDACTED]		100%	[REDACTED] TRUST	HEDGES, JERRIS	018	1,467.97	4501	1,367.97
						TOTAL	\$ 1,467.97	TOTAL	\$ 1,367.97

Route Log

[refresh](#)

ID: 1204581

[▼ hide](#)

Title	REQUEST + ADVANCE (T699095) for TANAKA, KATHY K H		
Type	Travel Request	Created	03:26 PM 09/22/2016
Initiator	Tanaka, Kathy	Last Modified	09:21 AM 10/13/2016
Route Status	FINAL	Last Approved	09:21 AM 10/13/2016
Node(s)	JoinRequiresAdjusterReview	Finalized	09:21 AM 10/13/2016

Actions Taken

[▼ hide](#)

	Action	Taken By	For Delegator	Time/Date	Annotation	
▼ hide	COMPLETED	Tanaka, Kathy		03:26 PM 09/22/2016	routed document	
		▶ show	Action	Requested Of	Time/Date	Annotation
			Tanaka, Kathy (traveler)	03:26 PM 09/22/2016		
▼ hide	APPROVED	Seymour, Corinne		09:55 AM 10/11/2016	approved document	
		▶ show	Action	Requested Of	Time/Date	Annotation
			Seymour, Corinne (supervisor)	03:26 PM 09/22/2016		
▼ hide	APPROVED	Hedges, Jerris Robert		01:19 PM 10/12/2016	approved document	
		▶ show	Action	Requested Of	Time/Date	Annotation
			Hedges, Jerris Robert (Account Supervisor for MA-4432041)	09:55 AM 10/11/2016		
▼ hide	APPROVED	Foster, Nancy K		01:56 PM 10/12/2016	approved document	
		▶ show	Action	Requested Of	Time/Date	Annotation
			Foster, Nancy K (executive)	01:19 PM 10/12/2016		
▼ hide	APPROVED	Vierra, Adell		09:21 AM 10/13/2016	approved document	
		▶ show	Action	Requested Of	Time/Date	Annotation
			Vierra, Adell (FA for account MA-4432041) Seymour, Corinne (FA for account MA-4432041) Tanaka, Kathy (FA for account MA-4432041)	01:56 PM 10/12/2016		

Future Action Requests

[▶ show](#)



PEID:

Document # V018xxx

UHF Fiscal use.

CHECK REQUEST FORM

Payee Name: _____ Payee Title: (Including UHF, UH, RCUH, & Students) _____	Kathy Tanaka _____ Institutional Support _____	Payee's Preferred Mailing Address: School of Medicine, Fiscal Office MEB 4th Floor _____
--	---	---

Amount	Project #	Object Code	2nd Ref <small>(16 characters maximum) - optional; prints on IFAS reports</small>
\$876.10	XXX-XXXX-X	----	<i>T699095, Airfare</i>
\$900.00	XXX-XXXX-X	----	<i>T699095, Registration</i>
	-----	----	
	-----	----	
	-----	----	
\$1,776.10	Total Requested		

Check Description: Will print on check stub. Optional. 30 characters maximum. T699093, AAMC 2017

Business Purpose (To add a second line hit ALT + RETURN): Attend the AAMC Annual Meeting, November 7-9, 2017 in Boston, MA.

Name and extension or e-mail of person/requestor to contact if there are questions about this check request. Kathy Tanaka, xxx-xxxx

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1) Pick Up Check (please include name and extension of who to notify when check is ready.) _____ X	2) Mail Check _____
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FOR UHF FISCAL USE ONLY

Invoice # (16): _____	Invoice Amount \$ 1,776.10
Invoice Date: _____	Due Date: _____
Relate Codes: _____	Separate Ck: _____
Misc: _____	Addr: _____
Funds Available: _____	Fiscal Approval: _____

UNIVERSITY OF HAWAI'I FOUNDATION		PRINT DOCUMENT CLOSE WINDOW	
TRAVELER	: TANAKA, KATHY K H	DOCUMENT NO.	: T699095 REVISION:
UH NUMBER	: 10365257	DOCUMENT TYPE	: REQUEST + ADVANCE

APPROVALS		
ROLE	SIGNATURE	APPROVAL DATE
Traveler		
Supervisor/PI		
Account Administrator		
Account Administrator		

ESTIMATED EXPENDITURES & ADVANCE								
ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	EST'D EXP AMOUNT	ADVANCE
P/D: Itinerary Total		TRVLR: PersonalCC					1,367.97	1,367.97
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OTHER: Conf/Regis Fee		UH: UH Foundation	AAMC Registration				900.00	
TRANS: Taxi		TRVLR: PersonalCC	RT Airport shuttle to/from hotel (\$25 one way)				50.00	
TRANS: Baggage		TRVLR: PersonalCC	RT Baggage \$25 one way				50.00	
TOTAL							\$ 3,244.07	\$ 1,367.97
- PAID VENDOR(S)							\$ 1,776.10	
= DUE TRAVELER							\$ 1,467.97	
- PAID TRAVELER							\$ 0.00	
= BALANCE							\$ 1,467.97	

ACCOUNT NO.	AMOUNT
XXX-XXXX-X	\$1,367.97

Mixed UH & UH Foundation Funded: Travel Completion (SAMPLE)

UNIVERSITY OF HAWAII - ETRAVEL		PRINT DOCUMENT CLOSE WINDOW	
TRAVEL COMPLETION			
TRAVELER	: TANAKA, KATHY	DOCUMENT NO.	: T699095 REVISION:
UH NUMBER	: xxxxxxxx BARGAINING UNIT : 08	DOCUMENT TYPE	: COMPLETION (MA)
	: EFT : <input checked="" type="checkbox"/> PAYROLL NO. : FXX	STATUS	: ROUTING for approval (View Route Log)
POSITION	: xxxxxxxx - INSTITUTIONAL SUPPORT	PROCESS VIA	: UH Disbursing Office
DIVISION	: C OF HLTH SCI & SW	DESTINATION	: Out-of-State, U.S. (CONUS)
BRANCH / DEPT.	: SCH OF MED	ACCOUNTING METHOD	: By Percentage
BUS. OFC. ACCESS	: 00018 - Medicine, School of	CREATED	: 10-30-2017 by Kathy Tanaka
DOCUMENT FO CODE	: 00018	LAST MOD (FIELD)	: 10-30-2017 by Kathy Tanaka
PRIMARY CATEGORY	: Conference / Seminar	LAST MOD (DISB)	:
JUSTIFICATION	: To attend the 2017 Association of American Medical Colleges (AAMC) Annual Meeting, November 7-9, 2017, Boston, MA.		
COVERAGE OF DUTIES	: Coco Seymour		
SOURCE OF FUNDS	: UH Trust / Fixed 4xxxxxx - Lodging, M/IE, Ground Transportation, Baggage UH Foundation xxx-xxxx-x - Airfare and Registration		
LATE COMPLETION JUSTIFICATION	: Pending original receipts from traveler.		

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	11/06/2017 1:50 PM	Start									
	DEP	11/06/2017 4:50 PM										
List destination(s) traveling to: Boston, MA			1	4.25		4.25	LODG	0.00	194.00	266.555	4.00	1,066.2
							M&IE	0.00	71.00	71.00	4.25	301.2
							P/D					
Honolulu, HI	ARR	11/10/2017 3:29 PM	End				LODG				4.00	1,066.2
							M&IE				4.25	301.2
							P/D				0.00	0.0
							TOTAL				\$	1,367.2
			CALCULATED TOTALS :	4.25	0.00 *	4.25						
			*Total Personal Days Only									

ESTIMATED EXPENDITURES FROM THE TRAVEL REQUEST (show/hide)

ITEM	LEG ID	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	EST'D EXP AMOUNT	ADVANCE
P/D: Itinerary Total		PersCC					1,367.97	1,367.97
TRANS: Airfare		UHF	RT Economy airfare HNL - Boston, MA - HNL				876.10	
OTHER: Conf/Regis Fee		UHF	AAMC Registration				900.00	
TRANS: Taxi		PersCC	RT Airport shuttle to/from hotel (\$25 one way)				50.00	
TRANS: Baggage		PersCC	RT Baggage \$25 one way				50.00	
						TOTAL	\$ 3,244.07	\$ 1,367.97
						- PAID VENDOR(S)	\$ 1,776.10	
						= DUE TRAVELER	\$ 1,467.97	
						- PAID TRAVELER	\$ 0.00	
						= BALANCE	\$ 1,467.97	

ACTUAL EXPENDITURES

ITEM	LEG ID	OBJECT CODE	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total		4550	TRVLR: PersonalCC					1,367.97
TRANS: Airfare		4450	UH: UH Foundation	RT Economy airfare HNL - Boston, MA - HNL				876.10
OTHER: Conf/Regis Fee		4851	UH: UH Foundation	AAMC Registration				900.00
TRANS: Taxi		4450	TRVLR: PersonalCC	RT Airport shuttle to/from hotel (\$25 one way)				50.00
TRANS: Baggage		4450	UH: UH Foundation	RT Baggage \$25 one way				50.00
TOTAL								\$ 3,244.07
- PAID VENDOR(S)								\$ 1,826.10
= DUE TRAVELER								\$ 1,417.97
- PAID TRAVELER								\$ 1,367.97
= BALANCE								\$ 50.00
OWE TRAVELER								\$ 50.00
OWE UH								

ACCOUNT INFORMATION - BY PERCENTAGE OPTION							
CAMPUS	ACCOUNT NO.	SUB ACCOUNT NO.	% SPLIT	ACCOUNT TITLE	RESP PERSON	FO CODE	AMOUNT
MA	4		100%	TRUST	HEDGES, JERRIS	018	50.00
TOTAL							\$ 50.00

JV TO REVERSE ADVANCE & RECLASSIFY ACTUAL EXPENSES									
CREDIT ADVANCE					DEBIT ACTUAL EXPENSES				
CAMPUS	ACCOUNT NO.	SUB ACCOUNT NO.	ADVANCE OBJECT CODE	CREDIT AMOUNT	CAMPUS	ACCOUNT NO.	SUB ACCOUNT NO.	EXPENSE OBJECT CODE	DEBIT AMOUNT
MA	4		4501	1,367.97	MA	4		4550	1,367.97
				\$ 1,367.97					\$ 1,367.97
					OWE TRAVELER				
					MA	4		4450	50.00
					\$ 50.00				

Route Log

refresh

ID: 1225719

▼ hide

Title	COMPLETION (T699095) for TANAKA, KATHY K H		
Type	Travel Completion	Created	10:22 AM 11/14/2016
Initiator	Tanaka, Kathy_	Last Modified	07:10 PM 12/05/2016
Route Status	FINAL	Last Approved	07:10 PM 12/05/2016
Node(s)	JoinRequiresAdjusterReview	Finalized	07:10 PM 12/05/2016

Actions Taken

▼ hide

	Action	Taken By	For Delegator	Time/Date	Annotation
▼ hide	COMPLETED	Tanaka, Kathy_		10:22 AM 11/14/2016	routed document
		Action	Requested Of	Time/Date	Annotation
		▶ show	Tanaka, Kathy_ (traveler)	10:22 AM 11/14/2016	
▼ hide	APPROVED	Seymour, Corinne_		11:38 PM 11/22/2016	approved document
		Action	Requested Of	Time/Date	Annotation
		▶ show	Seymour, Corinne_ (supervisor)	10:22 AM 11/14/2016	
▼ hide	APPROVED	Hedges, Jerris Robert		07:37 AM 11/23/2016	approved document
		Action	Requested Of	Time/Date	Annotation
		▶ show	Hedges, Jerris Robert (Account Supervisor for MA-4432041)	11:38 PM 11/22/2016	
▼ hide	APPROVED	Vierra, Adell		07:10 PM 12/05/2016	approved document
		Action	Requested Of	Time/Date	Annotation
		▶ show	Vierra, Adell (FA for account MA-4432041) Seymour, Corinne_ (FA for account MA-4432041) Tanaka, Kathy_ (FA for account MA-4432041)	07:37 AM 11/23/2016	

Future Action Requests

▶ show



PEID:

Document # V018xxx

UHF Fiscal use.

CHECK REQUEST FORM

Payee Name: _____ Payee Title: (Including UHF, UH, RCUH, & Students) _____	Payee's Preferred Mailing Address: _____ _____	School of Medicine, Fiscal Office MEB 4th Floor _____ _____
Kathy Tanaka Institutional Support		

Amount	Project #	Object Code	2nd Ref <small>(16 characters maximum) - optional; prints on IFAS reports</small>
\$50.00	XXX-XXXX-X	----	T699095, Baggage
	----	----	
	----	----	
	----	----	
	----	----	
\$50.00	Total Requested		

Check Description: Will print on check stub. Optional. 30 characters maximum. T699093, AAMC 2017

Business Purpose (To add a second line hit ALT + RETURN): Attend the AAMC Annual Meeting, November 7-9, 2017 in Boston, MA.

Name and extension or e-mail of person/requestor to contact if there are questions about this check request. Kathy Tanaka, xxx-xxxx

My signature below certifies the expenditure/reimbursement is in line with the purpose of the aforementioned account(s) and complies with the University of Hawaii Foundation's account policies, supports bona fide University activities, and does not provide any direct or indirect personal benefit.

Date: _____	Payee (if UH/RCUH employee) Kathy Tanaka	Print Name	Signature
Date: _____	Account Administrator Approval Account Admin #1	Print Name	Signature
Date: _____	Account Administrator Approval <small>(2nd approval required if over \$250)</small>	Print Name	Signature
Date: _____	Supervisor Signature _____	Print Name	Signature

(Required when payee is Dean, Director or higher for any meal and entertainment expenses or any other reimbursements above \$150)

Please choose one of the following:

1) Pick Up Check (please include name and extension of who to notify when check is ready.) _____ X	2) Mail Check _____
---	-------------------------------

FOR UHF FISCAL USE ONLY

Invoice # (16): _____	Invoice Amount \$ 50.00
Invoice Date: _____	Due Date: _____
Relate Codes: _____	Separate Ck: _____
Misc: _____	Addr: _____
Funds Available: _____	Fiscal Approval: _____

UNIVERSITY OF HAWAI'I FOUNDATION		PRINT DOCUMENT CLOSE WINDOW	
TRAVELER	: TANAKA, KATHY K H	DOCUMENT NO.	: T699095 REVISION:
UH NUMBER	: 10365257	DOCUMENT TYPE	: COMPLETION

APPROVALS		
ROLE	SIGNATURE	APPROVAL DATE
Traveler		
Supervisor/PI		
Account Administrator		
Account Administrator		

ACTUAL EXPENDITURES								
ITEM	LEG ID	OBJECT CODE	PAYMENT METHOD	DETAIL	DAYS or MILES	x	RATE	AMOUNT
P/D: Itinerary Total		4550	TRVLR: PersonalCC					1,367.97
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							TOTAL	\$ 3,244.07
							- PAID VENDOR(S)	\$ 1,826.10
							= DUE TRAVELER	\$ 1,417.97
							- PAID TRAVELER	\$ 1,367.97
							= BALANCE	\$ 50.00
							OWE TRAVELER	\$ 50.00
							OWE UH	

ACCOUNT NO.	AMOUNT
XXX-XXXX-X	\$50.00