**How to Complete the Travel Expense Report**

Follow the instructions below to complete your travel expense report.

**Blocks 1-5: Personal Information**

Enter your personal information here.

**Block 6: Collective Bargaining Unit**

Choose the collective bargaining unit applicable to you.

**Box 7: Reason for Travel**

Explain the reason for your travel.

**Block 8: Travel Advance Received**

Choose whether you received a monetary advance ahead of your travel.

**Block 9-17: Itinerary**

In this section, several columns may describe your travel. Fill out the sections applicable to your reimbursement.

1. Under the column labeled “Date” enter the date/s of your travel.
2. Under the column labeled “Travel From/To” enter the starting location and ending location of your travel.
3. If you operate a personal vehicle for business travel, you may be eligible for mileage reimbursement. Under the column labeled “Miles” enter the number of miles traveled. The form will calculate the costs according to the current Massachusetts standard mileage rates. **The number of miles traveled should ALWAYS be based on the actual driving distance MINUS NORMAL COMMUTE.**
4. Under the column labeled “Parking/Tolls” enter any costs associated with parking or tolls incurred during your travel.
5. If you incurred meal expenses during your travel, you may be eligible for meal reimbursement. Enter the applicable rates under the column labeled “Meals”.
* **Non-Unit and Contract employees** are eligible on a per diem basis based on the destination. Per diem destination rates can be found at [Per Diem Rates | GSA](https://www.gsa.gov/travel/plan-book/per-diem-rates).
* **AFSCME employees** will be reimbursed per allowances as established by and in accordance with the applicable collective bargaining agreement.

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| --- | --- | --- |
| **Meals** | **Maximum Allowance** | **Applicable Period** |
| Breakfast | $8.00 | 3:00 a.m. to 8:59 a.m. |
| Lunch | $12.50 | 9:00 a.m. to 2:59 p.m. |
| Dinner | $20.00 | 3:00 p.m. to 9:00 p.m. |

* **MCCC employees** will be reimbursed per allowances as established by and in accordance with the applicable collective bargaining agreement.

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| **Meals** | **Maximum Allowance** | **Applicable Period** |
| Breakfast | $7.50 | 3:01 a.m. to 9:00 a.m. |
| Lunch | $12.50 | 9:01 a.m. to 3:00 p.m. |
| Dinner | $20.00 | 3:01 p.m. to 9:00 p.m. |

1. If you incurred any expenses related to your travel outside of a personal vehicle, enter the costs under “Transportation”.
2. Under the column “Hotel” enter any costs associated with your overnight stay.
3. Under the column “Registration Fee” enter any fees paid to attend the conference/event NOT paid by NECC.
4. Under the column “Other” enter any additional costs not already listed that you incurred during your travel.

**Block 18: Meals Paid with PCARD**

Enter all meals that were paid with a PCARD. A receipt must accompany all transactions paid with a PCARD.

**Block 19-20: Approval Signatures**

Signatures must be obtained by both the employee and their immediate supervisor.

**Once complete, send the form along with supporting documentation to Accounts Payable at** **accountspayable@necc.mass.edu** **or to the Accounting & Finance office in room B-216.**