

**Office of Support for Teacher Education Programs and Global Student Teaching**

**Education Building – Room 108 – PO Box 7718, Ewing, NJ 08628**

Fall 2018 Semester

PROCEDURES FOR THE SUBMISSION OF TRAVEL EXPENSE REPORTS

Please read the instructions below carefully and BE SURE TO USE ONLY THE CURRENT TRAVEL REQUEST FORM (attached).

The Travel Expense Form completed on the computer or it can be

downloaded as an Excel spreadsheet and completed manually.

1. **Information needed on the Travel Expense Report**:

***[Please type or print legible to avoid having your travel request returned for revision]***

1. Name
2. Home Address
3. Name(s) of student(s) being supervised
4. The date (month/day/year) mileage occurred
5. Name of School and City/Town in which school is located
6. Course number for supervision
7. Tolls and parking (must include receipts)

**PLEASE NOTE THE FOLLOWING INFORMATION CAREFULLY:**

1. **Part-time faculty** (individuals who do not work on campus but supervise students off campus) should calculate their mileage from their homes to the schools.
2. **Full time faculty** calculate their mileage from the campus to the school OR from their homes to the school whichever is the shortest route.  This is not a change in policy.
3. **Total number of miles x $0.545\* plus tolls/parking = amount of check upon review** (mileage calculation is pre-filled on the current travel request form attached to this email.) \*Reimbursement rate based on annual IRS calculations.
4. Complete the information: Required signature, title (i.e. Assistant Professor/Adjunct) and Department)
5. **Signature of Department Chairperson.**
6. **Please note: A copy of current auto insurance card must be on file with the STEP Office or returned with travel request.**
7. **Department Chairpersons/Designees will submit forms to the STEP Office for approval by the Director.**

**DO NOT SEND TRAVEL EXPENSE REPORTS DIRECTLY TO BUDGET AND FINANCE. PLEASE ENSURE DEPARTMENT CHAIR HAS SIGNED BEFORE SUBMITTING TO STEP OFFICE.**

1. **Accurate description of destination(s) will be needed**

Example:

2/16/08 TCNJ to Triangle Elem., Neshanic, NJ 27 miles

Triangle Elem. to TCNJ 27 miles

OR

2/16/08 Home to Triangle Elem., Neshanic, NJ 27 miles

Triangle Elem. to Home 27 miles

1. Only mileage for meetings and/or conferences directly related to supervision (e.g. introduction and student observation days) will be compensated. Only one session of a Mandatory edTPA training *for Supervisors will be reimbursed.*

**Travel will be processed on a monthly basis. Requests by received by 4:30pm on the due date will be processed. Forms received after the deadline will processed in the following month.**

**2018-2019 Semester Travel Expense Requests Processing Dates**

|  |  |
| --- | --- |
| **2018** | **2019** |
| **October 5, 2018;**  **November 2, 2018;**  **December 7, 2018;** | **January 4, 2019;**  **February 1, 2019;**  **March 1, 2019;**  **April 5, 2019;**  **May 3, 2019;**  **June 7, 2019** |

**IMPORTANT NOTE: Due to the current procedures used in processing travel requests, it may take between 4-6 weeks for your check to arrive. To assist in this process, please read the above instructions carefully and PLEASE BE SURE TO USE ONLY THE CURRENT TRAVEL REQUEST FORM (attached).**

**QUESTIONS?** **Contact the STEP Office - (609)771-2408 or step@tcnj.edu**