

GK12 Financial Notes

✓ TUITION

- Tuition, fees and books will be reimbursed up to \$10,500 for Summer 2014, Fall 2014 and Spring 2015, unless otherwise arranged with Project leaders.
- All registrations through July 7, 2014 will be provided electronically and available on the Student Account Center by the week of July 8. Payment will be due by **August 1, 2014**. If payment is not received by the due date, classes will be cancelled. All prior balances must be paid even if you have financial aid. **FAILURE TO PAY A PRIOR BALANCE WILL RESULT IN CANCELLATION OF CLASSES.**
- For Fall registrations made between July 8 and August 5, bills will be electronically available on the Student Account Center, August 6, 2014. The payment deadline will be **August 22**.
- Bills will not be produced for any Fall registrations made after August 5, 2014. Payment is due by August 22. The amount due can be determined by viewing account charges on the Student Account Center.
- All W2s/1099s will be available online in January 2015 for tax purposes.

✓ TRAVEL

- Example included
- Should be submitted monthly with the mileage log by the 10th of each month following travel.
- Always include ID # and signatures.
- When travelling to conferences, etc, please complete top part of TRV prior to travel. Complete entire TRV with receipts upon return.

✓ SUPPLIES

- Example included
- Supplies for the classroom may be reimbursed up to \$1,222 per team.
- Always include ID #
- Should be submitted in a timely fashion with receipts

✓ Questions

- Contact info:

Daphne Slaughter dkslaugh@uncg.edu 336-334-9862 office 112 Foust

TRAVEL AUTHORIZATION

Traveler's Name: YOUR NAME HERE		Univ. ID#: 88XXXXXXX	UNCG EMPLOYEE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact Tel. No:	Date Filed: 7/1/2014
Address Code&Address: YOUR ADDRESS		Are you a student? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship status: (Choose one) <input type="checkbox"/> Legal Permanent Resident <input checked="" type="checkbox"/> US Citizen		Non-Resident Alien-Attach NRA001 w/req docs
Destination: YOUR SCHOOL	Description: <input checked="" type="checkbox"/> Official State Business <input type="checkbox"/> Academic Credit GK12 PROGRAM - TRAVEL AS TEACHING FELLOW		OR <input type="checkbox"/> Student Activity		Estimated Cost of Trip:
Period Covered by this Voucher					
Leave Date:	Time Left:	AM	Return Date:	Time Returned:	PM

I understand that any advance made by the University is a loan and that I am personally responsible for all monies advanced to me. If a travel advance is obtained and the trip for which the advance is made is not taken, I agree to repay the advance immediately. I understand that I have up to ten days following completion of the trip to repay or substantiate the advance by completing and submitting this form with the required original receipts. In the event I fail to repay the advance, I agree that the University may deduct the amount of the advance from the next salary check due to me. [\(Travel - Policy 9\)](#)

I approve this travel, including the amount to be advanced; I approve lodging, registration fee and meals (for out of country travel only) in excess of the allowed rate, use of personal vehicle and /or airport parking for the trip described above as a necessary University expense. The student travel listed above is in accordance with [University Travel Policy 8](#), and is approved to be paid from Fund #: _____ (Cross out any above phrases that are not approved)

Traveler's Signature _____ Date _____ Supervisor's/Dean's or Authorizing Signature(s) _____ Date _____

TRAVEL ADVANCE LOAN/PAYMENT TO VENDOR PRIOR TO TRIP

Fund:	Payment to Vendor Prior to Trip (attach original invoices):
Advance Loan Requested:\$ _____	\$ _____
(Loan to Traveler)	(Vendor Name) Air Acct Code Registration Acct Code

DOCUMENT NUMBER: MULTIPLE <input type="checkbox"/>	Invoice Date: (MMDDCCYY)	Transaction Date:	Bank	CM	Due Date:
VENDOR NUMBER:	Document #:				

REIMBURSEMENT OF EXPENSES PAID BY TRAVELER OR CHARGED TO PCARD

Transportation:	Reimbursable Amounts (To be paid)	In-State	Out-of-State	Out-of-Country	Non-Employee	PCard		
						PC No.	Amount	
Air Transportation (attach receipt unless paid in advance) =		223010	223020	223030	223220			
Bus/Rail Transportation =		223040	223050	223060	223220			
Mileage 28 x 56¢ =	15.68	223040	223050	223060	223220			
Rental Car / Taxi : (attach receipt) =		223040	223050	223060	223220			
Subsistence:								
Hotel nights @ =	0.00	223110	223120	223130	223320			
Breakfast meals @ =								
Lunch meals @ =								
Dinner meals @ =								
Total Meals =	0.00	223140	223150	223160	223320			
Other:								
Registration (attach receipt/proof of payment unless paid in advance) =		234510	234520	234530	223320			
Other (attach explanation or use back of form) =	0.00	223170	223180	223190	223320			
COA	Index/Fund Number(s)	Fund Initials	Amt. Reimbursed	<i>PCard Not Used - Fund Initials</i>				Comments:
G	204063		15.68					
Total Travel Expenses to be Reimbursed:			15.68					
Entertainment (Attach receipt on reverse side. Describe who was entertained & business purposes of entertainment.)								
Non-State Fund to Charge for Entertainment			-221322					
Entertainment -Fund Holder's Initials								
Less Travel Advance Loan Received:								
Total Due Traveler/(UNCG):		15.68						

TRV-1 Form completed by: _____
Print Name _____ Tel. No. _____

Under penalties of perjury I certify this is a true and accurate statement of my citizenship and of the lodging, expenses and allowances incurred in the services of the State.

I have examined this reimbursement request and certify that it is just, necessary and reasonable, and in compliance with University policies.

Traveler's Signature _____ Date _____ Supervisor's or Dean's Signature _____ Date _____



UNCNCG

College of
Arts & Sciences

Office of Research

Reimbursement Form

If reimbursements relates to Travel, Food or Entertainment the 5 W's are required
Food requires itemized receipts
Entertainment requires itemized receipts and list of attendees (if less than 25)

Name: YOUR NAME HERE

UNCNCG ID: YOUR ID
888-00-0000 OR 890-00-0000

Lab / Class: GK12

Address: _____

Fund # : 204063

Date of purchase: ACTUAL DATE

Amount: TOTAL ACTUAL AMT

Who: YOUR NAME HERE

What: CLASSROOM SUPPLIES

When: DATE

Where: YOUR SCHOOL

Why: GK12 PROGRAM

Please attach all receipts