UNIVERSITY OF HAWAI'I
FORM INSTRUCTIONS
TRAVEL COMPLETION REPORT (FMIS-4)

PURPOSE: This form is used to process reimbursements to the traveler upon completion of the trip and to reconcile expenditures with advance payments.

DATA ITEM COMPLETION INSTRUCTIONS
All fields must be completed unless noted as optional. Shaded items represent information to be completed by Disbursing. Refer to APM A8.851 for detailed policies and procedures.
The top portion of the Travel Completion Report above the “Actual Travel Expenditure” section generally reflects the same information as the top portion of the Travel Request (travel advance requested).

DOCUMENT NO.
Enter a 6-digit number after “T”. First 3 digits Fiscal Officer code. Last 3 digits sequential control number assignment. If travel advance issued, use the same document number as reflected on the Travel Request.

TRAVEL ADVANCE SECTION
Use this section to reconcile travel advance with actual expenditures reflecting appropriate subcodes that correctly classify expenditures. Enter a separate line for each unique account code and subcode.

ACCOUNT CODE
SUBCODE
EXPENDITURE
JOURNAL ENTRY
DEBIT / CREDIT

ACTUAL TRAVEL EXPENDITURES
Use this section to enter per diem, subsistence, and actual expenditures paid directly (out-of-pocket) by traveler. Do not include any expenditures paid directly by the University through purchase order or other payment document.

DATE AND TIME
Enter date and time of departure and return. Do not consider intra-state 30-minute rule or out-of-state 24 hour rule to adjust departure date and time. Indicate whether time is “a.m.” or “p.m.”. Attach original ticket stub or itinerary.

PER DIEM
Enter fractional departure and return days claimed in addition to full days claimed. Attach conference brochure, correspondence, or other documentation which supports per diem calculation. Reflect actual per diem rate used and reduction amounts for meals and lodging provided in calculation of net per diem. Attach supporting documentation for any deviation in per diem rates as set by collective bargaining contracts. Explain meal and lodging reduction amounts and per diem rate deviations under “Comments”.

EXCESS LODGING
Enter total days, actual daily excess rate, and total dollar amount (Daily Excess Rate x Total Days). Check appropriate box(es). Attach original receipts and an Excess Commercial Lodging Expense Certification Form.

SUBSISTENCE
MILEAGE/TAXI/CAR
Enter total dollar amount claimed. Check appropriate box(es). Attach Monthly Automobile Mileage Voucher (FMIS-33), or car rental agreement, or original receipts for taxi.

CONFERENCE FEE
OTHER COSTS
Enter total dollar amounts claimed for conference fees and attach original receipts.
Enter total dollar amount claimed for other expenditures and attach original receipts.

TOTAL EXPENDITURE
LESS: TRAVEL ADV. REC’D
Enter total direct (out-of-pocket) expenditures.
Enter total amount advanced to traveler. This amount should equal total Amount Received in “Travel Advance” section.

CLAIM DUE/(AMT REFUNDED)
Subtract “Travel Advance Received” from “Total Expenditures”. Positive amount represents a Claim Due to traveler. Negative amount represents an amount traveler must refund to the University.

COMMENT:
Enter basic information for justification of travel and detail of unusual or complex situations to support travel requirement and claims. Deviations in out-of-state travel plans which require a travel addendum must be explained.

TRAVEL ADV. CHECK NO.
Enter check number of any travel advances issued.

U.H. DEPART. DEPOSIT DOC. NO.
Enter U.H. Departmental Deposit Document Number for partial return of advance.

OTHER COSTS-ITEMIZED LISTING
Itemize all expenditures claimed in “Other Cost” line of “Actual Travel Expenditures” section. Batch and summarize all supporting receipts in itemized order.

CLAIM FOR EXPEND. NOT COVERED BY ADVANCE
Use this section if traveler’s direct (out-of-pocket) expenditures were greater than travel advance received. Enter a separate line for each unique account code and subcode.

ACCOUNT CODE
SUBCODE
P/F/N
PREDEFINED

AMOUNT
Enter amount of claim per account distribution. Total claim should equal “Claim Due” to traveler.

SIGNATURES
Signatures and dates are required by appropriate Approving Authority, Fiscal Officer, and traveler.

Submit the original Travel Completion Report with original receipts to the Disbursing Office after approvals have been obtained. The original Travel Completion Report and supporting document must be submitted with 7 (seven) working days of complete travel.