ESTABLISHMENT PROJECT:

Sample of how to complete the training template and Travel Voucher, when the training resulted in allowable travel expenses.

TRAINING WORKSHEET

			Year 2 Establishment Project - Employment Services Training Costs Worksheet (Supporting Documentation/Invoice)			
Position Number	List Employee Name	Select Position Title from drop down (for tracking purposes, this should never change from the assigned position number)	List Project Year of Hire	Detailed Description of Training Expense (i.e. registration). Lack of detail will result in rejection/reduction of the expense.	Total monthly training costs	Did the training result in travel expenses?
1	Susan Smith	Employment Specialist	Year 1	Training/Travel Costs for Hands in Autism workshop. See Travel Voucher.	$356.84	Yes (Travel Voucher)
n/a	n/a			One day ES training provided by consultant. Total amount reflects the day-rate charged by the consultant, printing of training materials, and facility rental fee. See invoice.	$350.00	No
					$0.00	

This training expense is listed on the training template but not on the Travel voucher, as it didn't result in a travel expense.

TRAVEL VOUCHER

State Form 980 (R5 / 5-12)
Approved by Auditor of State, 2012
Approved by State Board of Accounts, 2012

ENCOMPASS Voucher ID:	Date (MM/DD/YY) 08/01/18

Business Unit Name	Business Unit Number	Post or Station
Vocational Rehabilitation	00497	111 Smith Valley, Lafayette, IN 47901

Employee's Name (Last, First, Mi)	Employee's Address	Vendor ID:	Fund for Payment:
Susan Smith	123 XYZ, Lafayette, IN 47901	0000111111	62110

Current Mileage Rate $0.380

Month/ Day	Travel Between Points From	To	Departure Arrival	Account	Department Program/Bud Ref	Project Activity	Non-Mileage Line Amount	Number of Miles	Mileage 595110/595510	Total Amount
7/1/18	Registration Hands in Autism			599020 Registration			50.00			50.00
7/13/18	123 XYZ Lafayette, IN 47901	Holiday Inn 515 S W St, Indpls, IN 46225	6:30 AM					59.0	22.42	22.42
7/13/18	Holiday Inn 515 S W St, Indpls, IN 46225			595130 I/S Lodging			95.00			95.00
7/13/18	Per Diem Breakfast, Lunch, Dinner			595120 I/S Per Diem			26.00			26.00
7/14/18	Sheraton Hotel Parking 31 W Ohio St, Indpis, IN 46204			595170 I/S Prk&Toll			10.00			10.00
7/14/18	Holiday Inn 515 S W St, Indpls, IN 46225			595130 I/S Lodging			95.00			95.00
7/14/18	Per diem Lunch and Dinner			595120 I/S Per Diem			19.50			19.50
7/15/18	Sheraton Hotel Parking 31 W Ohio St, Indpis, IN 46204			595170 I/S Prk&Toll			10.00			10.00
7/15/18	Per diem Lunch and Dinner		5:00 PM	595120 I/S Per Diem			19.50			19.50
7/15/18	Holiday Inn 515 S W St, Indpls, IN 46225	123 XYZ Lafayette, IN 47901						59.0	22.42	22.42

SAMPLE

SUMMARY - NON-MILEAGE AMOUNTS

541002	-	595192	-	595560	-	595195	-	
595120	65.00	595194	-	595570	-	595580	-	
595130	190.00	595520	-	595575	-	595590	-	
595140	-	595530	-	595592	-	599020	50.00	
595150	-	595540	-	595594	-			
595170	20.00	595550	-	595180	-			
				595190	-			

Totals	325.00	118.0	44.84	369.84

Pursuant to the provisions and penalties of IC 5-11-10-1, I certify that the foregoing Fund and Account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I certify that this voucher is correct, that the travel was authorized, that the claim is a proper charge against the Fund and Account indicated and that payment was authorized.

Signature of Employee	Date (Month, Day, Year)	Signature Authorized by Agency	Date (Month, Day, Year)
Susan Smith	8/1/2018		

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Supporting documentation to submit for the above training examples:

1) Hands in Autism training
   a. Proof of Registration
   b. Lodging Receipt provided at check-out
   c. Hotel parking receipt(s)

2) Training provider invoice totaling the amount listed on the training template.