

To	Travel Clerks	From	Melissa Armstrong
Department	All	Department	Accounting
Location		Location	Corporate
Date	October 11, 2002	Telephone	850-244-7513
Ref		Fax	850-244-7760
Cc	Jim St. John	Email	
Subject	Proper Travel Documents		

Please review the following information and pass along to your travelers as necessary. The forms included are guidelines, if there are specific forms that your division uses, please use those. Also attached are the guidelines that Accounting uses when reviewing expense reports. I've included this to give an insight into what we look for in our audit.

The following forms must be filled out, appropriately signed, and included in any travel documentation for business carried out for the company.

- **Travel Orders**

This form must be completed and approved prior to any travel. It must be included in advance request paperwork as well as in the actual expense report back-up for reimbursement of that travel.

- **Advance Request Form**

If an advance is requested, this is the form that must be used. It is important that this is filled out completely so there will be no delays in processing the advance (must include destination, dates, trip number, and employee number). Please remember that a request for an employee who has EFT does not automatically get processed the day it is received. It is processed in the same time frame as a regular check request and will not be done sooner unless specified.

- **Employee's Travel Expense Statement**

This is to be filled out upon completion of the trip; preferably by the traveler. It assists entry of the actual expense report into the system and must detail dates, locations, and any expenses that are to be reimbursed. Proper documentation (receipts, etc.) must be attached--including both company paid and employee paid expenses. The only exception to this are purchases made on company held gas cards; they are not to be included on the expense report and the receipts need to be turned into Accounting separately.

Please contact your travel clerk for documentation requirements and travel policies for your division.

Cc:	Jackie Magier	Inci Ceurvels
	Janice Reynolds	Sue Spencer
	Marta Nunez	Linda St. John
	Brenda Jackson	Gale Godwin
	Donna Hodges	Anita Austin
	Vickie Awbrey	Skye Ehrhard
	Lynn Guernsey	Marianne Stegemeyer
	Sandy Foy	

TO:		LOCATION:	
EMPLOYEE TO TRAVEL:		LOCATION:	
PURPOSE OF TRAVEL:			
PLACE OF DEPARTURE:		DATE OF DEPARTURE:	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
PLACE OF VISIT:			DATE:
PLACE OF VISIT:			DATE:
PLACE OF VISIT:			DATE:
PROPOSED METHOD OF TRAVEL:		AIRLINE RESERVATIONS:	DATE OF RETURN:
SECURITY	SECURITY CLEARANCE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	DATES OF VISIT:		
			ADDRESS:
	PERSON TO BE CONTACTED:		ADDRESS:
	PURPOSE AND JUSTIFICATION OF VISIT:		
REQUEST FOR HOTEL RESERVATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF HOTEL:		NAME OF HOTEL:	NAME OF HOTEL:
DATE:		DATE:	DATE:
REQUEST AND APPROVAL			
REQUESTED BY:		SIGNATURE:	DATE:
APPROVED BY:		SIGNATURE:	DATE:

REQUEST FOR TRAVEL ADVANCE

DATE:

TO: Accounting

It is requested that a check be issued to:

Vendor ID:

Vendor Name:

Trip No/Dates:

Project No:

Charge No: 0150

Organization:

Amount: Item/Description

\$0.00	Subtotal
--------	----------

\$0.00	Total
--------	-------

Requested by: _____

Approved by: _____

EMPLOYEE'S TRAVEL EXPENSE STATEMENT

EMPLOYEE NO.: _____

TRAVEL ORDER NO. _____

EXPENSES OF: _____ FROM _____ 19____ TO _____ 19____

LIST EACH DAY SEPARATELY. USE TWO SPACES IF EXPLANATIONS SO REQUIRE.

ITINERARY		TRANSPORTATION	SUBSISTENCE AND HOTEL	TAXI LOCAL FARES	TEL AND FAX	MISC.	EXPLANATIONS BUS-TAXI-MISC.
DATE	POINTS OF TRAVEL						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						
	From: _____ To: _____						

<p style="text-align: center;">CERTIFICATION</p> <p>I hereby certify that the items listed herein were expended in carrying out work for the company.</p> <p style="text-align: right;">_____ (Signature of Employee)</p>	<p style="text-align: center;">APPROVED</p> <p style="text-align: center;">_____ (Authorized Signature)</p>																																								
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EXPENSE REPORT REVIEW

1. Package should include expense report, travel orders and receipts, in the same order as they appear on the expense report.
2. Travel order dates should coincide with dates on the expense report.
3. With a quick review of the account numbers, check to make sure that all appear to be correct for that division and project. All employee-paid expenses should be at the sixth level organization.
4. Check company-paid expenses carefully. The expense should be charged to the same account number, organization code and project as if the employee was paying for it. The company vendor ID and ticket number should be entered in the appropriate blocks so they will show up in the matching file.
5. Review the payment method on all receipts. If the expense was paid by credit card, make sure the expense is accounted for correctly (i.e., company paid or employee paid). Employees pay the bill for their personal American Express cards themselves, so these should not show up as company paid expenses. The only American Express company-paid charge would be for airline tickets, rail tickets, and ticket fees. These are automatically diverted to the American Express ACB account.
6. Company paid gas receipts should never be placed on the expense report.
7. Make sure the expense report contains the following items:
 - Mode of transportation
 - Place of lodging
 - Per Diem
8. If no cost was incurred for the above items, a zero amount line needs to be entered with an explanation in the notes section.
9. Check to see that per diem and lodging rates do not exceed JTR for the locality and time of year.
10. Per diem should be 75 percent for the first and last day of the trip and should never reflect the rate of the "home" station.
11. Lodging expenses that go over the JTR and are being charged to a project, must be accompanied by an approved justification form which details the reason for the overage. The account charge will still be the same as the regular lodging included on the expense report, but a separate line will automatically be created. Any other lodging overages (not charged to a project or justified by the JTR) are charged to the non-reimbursable account (0535-06-...).
12. All expenses should be accounted for. If a receipt is missing, there should be a notation to that effect in the notes section.
13. Expense reports should have a signature from the employee certifying all charges incurred while traveling on business for the company. The report should also have one approval signature, usually the division or department manager. If, during the auditing process, the expense report is altered resulting in a dollar amount change (either what the company owes the employee or vice versa) signatures must once again be obtained from both the employee and the approver.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)

FOR ACCOUNTS PAYABLE PAYMENTS ONLY, I.E. TRAVEL ADVANCES, EMPLOYEE REIMBURSEMENTS

Company Name: BAE SYSTEMS Technical Services Employee# _____

I (we) do hereby authorize the above named company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry error to my (our) account indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA number: _____

Account Number: _____

Account Type (Checking, Savings, etc.): _____

This authority is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Name (s): _____
(please print)

Date: _____ Signed: _____

Date: _____ Signed: _____

Affix voided deposit slips or checks to this form.

John or Sally Doe
123 Anywhere Dr.
Anywhere, USA 00000

: 1 2 3 4 5 6 7 8 9 : 0 0 0 1 0 2 3 4 5

Transit/ABA # Account number



TRAVEL PROFILE

Corporate Services

BAE SYSTEMS

PLEASE PRINT OR TYPE

E-Mail to: amex.austin.travel@baesystems.com

NAME & BUSINESS INFORMATION

Last Name	_____	First Name	_____	Middle Initial	_____
Title	_____	Employee ID	_____	Social Security Number	_____
Division	_____	Department	_____	Cost Center	_____
Business Phone	_____	Fax Number	_____	E-mail Address	_____
Street Address	_____	City/State	_____	Zip	_____
American Express Corporate Card Account Number: Required information	_____			Exp. Date	_____

TRAVELER INFORMATION

AIRLINE

Company	Club Number	PIN	Preferences
1.			Seating: <input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking
2.			Other specify: _____
3.			
4.			Special Meal Request: <input type="checkbox"/> Low Cal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Diabetic <input type="checkbox"/> Low Sodium <input type="checkbox"/> Kosher Other specify: _____
5.			
6.			
7.			Airline/Aircraft Preference: _____
8.			
9.			
10.			

HOTEL

Company	Club Number	PIN	Room Preferences (If available)
1.			Bed Size: <input type="checkbox"/> King Bed <input type="checkbox"/> Queen <input type="checkbox"/> Full <input type="checkbox"/> Other
2.			
3.			<input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking
4.			
5.			Special Room Type: _____
6.			
7.			
8.			Special Services Requested: _____
9.			
10.			

CAR RENTAL

Company	Club Number	PIN	Preferences
1.			Car Size: <input type="checkbox"/> Compact <input type="checkbox"/> Standard <input type="checkbox"/> Mid-size <input type="checkbox"/> Luxury
2.			Special Requests: _____
3.			Drivers License #: _____
4.			Limousine Company: _____
5.			Special Request: _____

PASSPORT

Do you have a passport? Yes No Country Of Citizenship _____

Passport Number _____ Issuance Date _____ City of Issuance _____ Exp. Date _____

Passport Number _____ Issuance Date _____ City of Issuance _____ Exp. Date _____

Visa Information/# _____ Issuance Date _____ Exp. Date _____

PERSONAL INFORMATION

Home Street Address	_____	City & State	_____
Zip	_____	Home Phone	_____
Additional Address	_____	City & State	_____
Zip	_____	Phone	_____
Emergency Contact	_____	Phone Number	_____
Personal Travel Charge Account Number	_____	Expiration Date	_____