

AP/TCP Invoice View Access via ImageNow



September 15, 2015

Julie Hughes, Travel & Complex Payment Supervisor

What View Access Looks like

- Access must be through a UNCC computer or Citrix portal ImageNow.uncc.edu



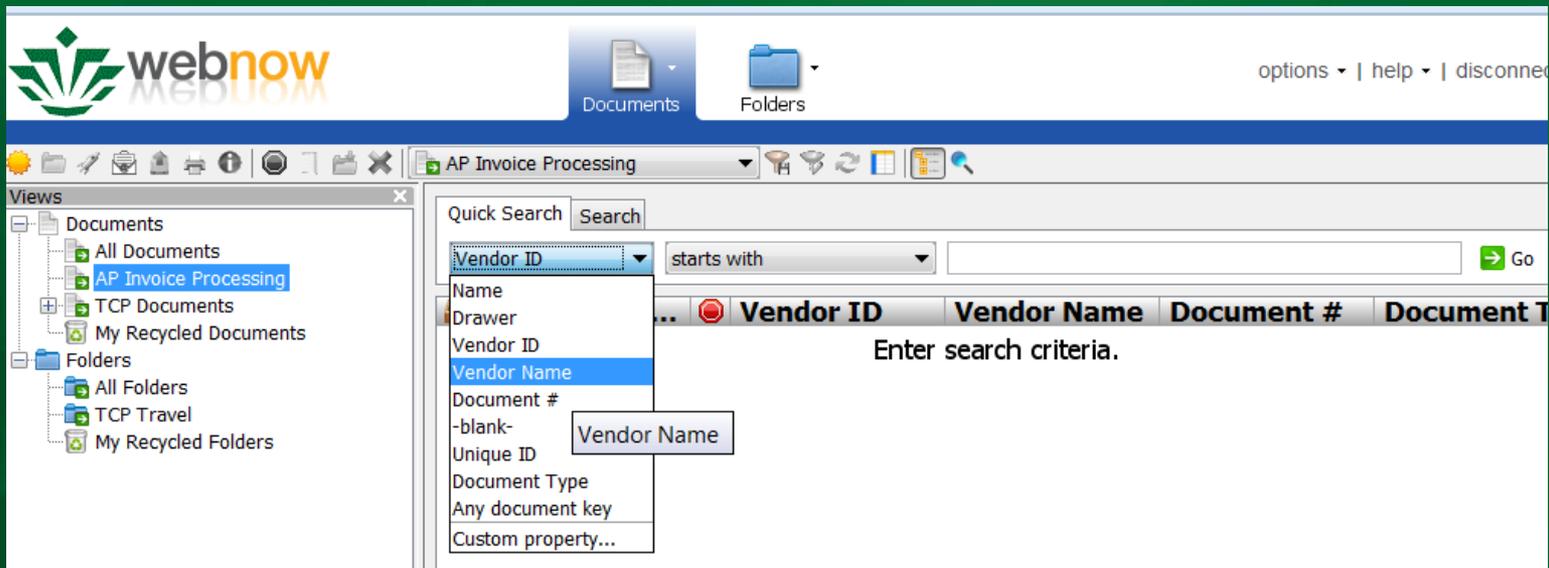
What View Access Looks like

- Review step-by-step guide
- Documents
 - All Documents
 - when you are unsure if processed by AP/TCP
 - AP Invoice Processing
 - TCP Documents
- Folders
 - Travel folder shows all invoices processed by traveler/trip



What View Access Looks like

- Quick Search
 - Option to search by dropdown



- Enter information known
 - 800# (vendor ID), Vendor name, or Document #



What View Access Looks like

- See all information submitted under that criteria

Workflow ...	Creat...	Docum...	Vendor/Tr...	Vendor/Travel...	Document Typ
	svang21	I0527361	800843360	Woods, Stephanie J.	Travel Reimburse
5 TCP S-Z	svang21		800843360	Woods, Stephanie J.	Travel Reimburse
	svang21		800843360	Woods, Stephanie J.	Employee Taxabl
	vmast		800843360	Woods, Stephanie J.	Moving Reimburs
	sstric17	I0493027	800843360	Woods, Stephanie J.	Direct Pay Reque
	sstric17	I0493108	800843360	Woods, Stephanie J.	Direct Pay Reque
	krice19	I0497976	800843360	Woods, Stephanie J.	Direct Pay Reque
	krice19	I0497977	800843360	Woods, Stephanie J.	Direct Pay Reque
	krice19	I0497979	800843360	Woods, Stephanie J.	Direct Pay Reque
	krice19	I0497981	800843360	Woods, Stephanie J.	Direct Pay Reque
	krice19	I0497982	800843360	Woods, Stephanie J.	Direct Pay Reque
	krice19		800843360	Woods, Stephanie J.	Travel Authorizat
	krice19	I0499631	800843360	Woods, Stephanie J.	Travel Reimburse
	cwgallen	I0499877	800843360	Woods, Stephanie J.	Prepay Airfare

- Different document types
- If in workflow or not
- If on hold



What View Access Looks like

- Double Click to open specific document to view

UNC CHARLOTTE REQUEST FOR TRAVEL REIMBURSEMENT

Check if Blanket Authorization on file

UNC Charlotte ID # 800843360 Date Submitted 5/13/2015
 Traveler's Name Stephanie J. Woods Contact Name Angela R. Smith
 Address Type DD1 (i.e., DD1, VR1) Contact Phone 687-5380
 Address 9201 University City Blvd Department CHHS
 City, State, Zip Charlotte, NC 28223
 Destination Vail, CO/Salt Lake City, UT Business Purpose Holistic Stress Conf/AVA Meeting
 Departure Date 10/8/14 Departure Time 6:05 AM
 Return Date 10/18/14 Return Time 11:55 PM

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Dates of Travel	10/08/14	10/09/14	10/10/14	10/11/14	10/12/14	10/13/14
Each City Visited	CLT/Vail	Vail, CO	Vail, CO	Vail, CO	Vail, CO	Vail, CO
Airfare	411.12			Vacation	Vacation	Vacation
Parking / Tolls						
Taxi / Bus						
Train						
Rental Car/Gas						
Total Miles Driven						
x Mileage Rate =						
SUBTOTAL TRANS.	\$411.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hotel (Room Rate)	135.00	135.00	135.00			
Breakfast	8.20	8.20				
Lunch	10.70	10.70	10.70			
Dinner	20.90	20.90	20.90			
SUBTOTAL SUBSIS.	\$174.80	\$174.80	\$166.60	\$0.00	\$0.00	\$0.00
Registration Fee	575.00					
Gratuity						
Other (Room tax, etc.)	13.23	13.23	13.23			
SUBTOTAL OTHER	\$588.23	\$13.23	\$13.23	\$0.00	\$0.00	\$0.00
DAILY TOTALS	\$1,174.15	\$188.03	\$179.83	\$0.00	\$0.00	\$0.00

Total Trip Cost \$2,079.09
 Less Direct Bills _____
 Less Pre-Payments _____
 Less PCard Payments _____
 Less Travel Advance _____
 Amount Due \$2,079.09
 Fund Number 625135

Under penalties of perjury, I certify this is a true and accurate statement of expenses incurred while in service of the State.
Stephanie J. Woods 5/20/15
 Original Signature of Traveler Date
 I have examined this reimbursement request and certify that it is just and reasonable.
Dee Porello 5/21/15
 Supervisor's Signature Date

Comments
 \$25 baggage claimed 10/8/15
= 90 Days

FOR ACCOUNTS PAYABLE USE ONLY

APPROVAL ROUTING

Routed for approval to:

Treasury Services
 Research Cost Mgmt
 Tax Manager
 Other

Please initial and return to TRAVEL

FOATEXT: _____ INV/ASH TOTAL: _____

AP018 - Travel Reimbursement Revised 07/27/10

Document Keys

Drawer▼
 TCP Travel and Complex Payments ▼

Name
 321Y263_017ZYTY6M0002XZ

Vendor/Traveler ID
 800843360

Vendor/Traveler Name
 Woods, Stephanie J.

Document#

Trip Start/Submitted Date
 100814

Unique ID
 321Y263_017ZXNY6L00085F

Document Type
 Travel Reimbursement ▼

More...

Custom Properties

Org Code _____

Travel Advance No

Global Green Yes

Vendor Invoice # _____

FOATEXT No

Document Number _____

Invoice Date _____

Notes

cwgallen - 6/11/2015 5:05:49 PM
 need registration receipt, airfare not correct with baggage, over 90 days

6

UNC CHARLOTTE

What View Access Looks like

- Folders view
 - To see trip details by trip package
- Traveler 800# starts Folder name
 - Trip date
 - Traveler Name

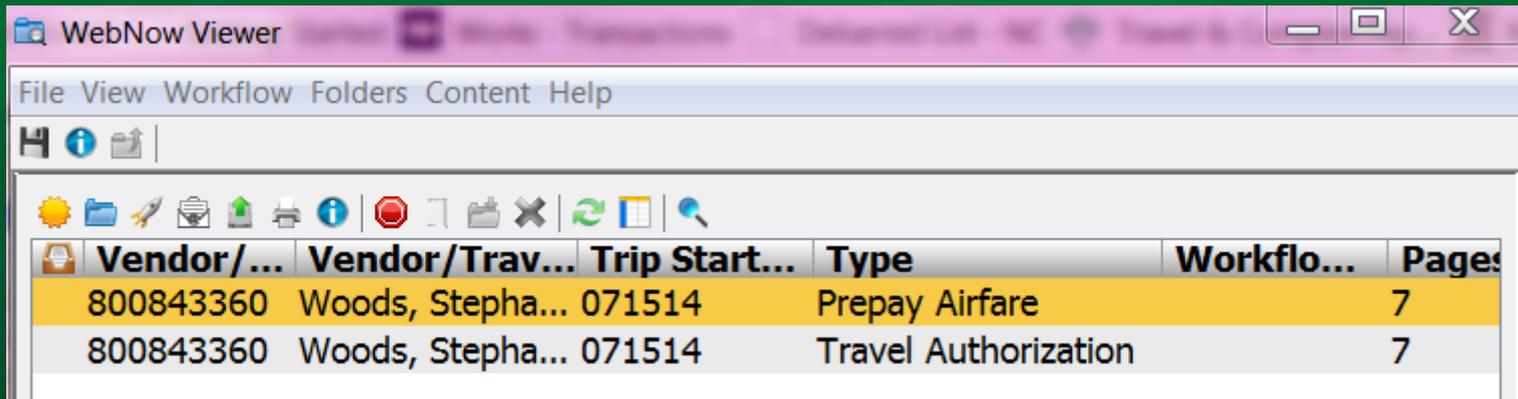
The screenshot shows a file explorer window with a search filter applied. The search criteria are: Name starts with 800843360. The results table is as follows:

Name	Type	Status
800843360 - 012515 - Woods, Stephanie J. TCP Travel Pac...	TCP Travel Pac...	Acti
800843360 - 040815 - Woods, Stephanie J. TCP Travel Pac...	TCP Travel Pac...	Acti
800843360 - 051214 - Woods, Stephanie J. TCP Travel Pac...	TCP Travel Pac...	Acti
800843360 - 071514 - Woods, Stephanie J. TCP Travel Pac...	TCP Travel Pac...	Acti
800843360 - 100814 - Woods, Stephanie J. TCP Travel Pac...	TCP Travel Pac...	Acti



What View Access Looks like

- Double-click to see invoices processed against trip



The screenshot shows a window titled "WebNow Viewer" with a menu bar (File, View, Workflow, Folders, Content, Help) and a toolbar. Below the toolbar is a table with the following data:

Vendor/...	Vendor/Trav...	Trip Start...	Type	Workflo...	Pages
800843360	Woods, Stepha...	071514	Prepay Airfare		7
800843360	Woods, Stepha...	071514	Travel Authorization		7

- See by Trip:
 - Authorization
 - Any Prepayments
 - Reimbursement



AP/TCP View Access

- Print option is turned off
 - Intent is electronic access eliminates need for paper copies
- Can see all pages of document
- Can be emailed as a PDF if someone needed to see document
- Will be retained per University Document Retention Guidelines
- Business Manager Guide is provided for step-by-step guidance



Enhanced Travel Forms Package



UNC CHARLOTTE

Travel Authorization

- Header information is entered on the Travel Authorization tab

I. Header				Is traveler also a student?	
Traveler's Name			UNC Charlotte ID #	Employee or Non-Employee?	
Norm Niner			800000049	Employee	
Org Code	Name of College/Department		Contact Name	Contact Phone	
11600	Controllers Office/Travel & Complex Payments		Rebekah Hartberger	75759	
Traveler's Street Address		Traveler's City/State/Zip	Pmt. Type	Business Purpose for Travel	
49 Niner Street		Charlotte NC 28223	DD1	Attend Higher Education Conference	
Traveler's Destination		Departure Date	Return Date		
Washington DC		4/19/2015	4/23/2015		
Destination Type		Additional Comments			
		Professional Development			
In State					
Out of State					
Out of Country		Payment Method	Comments		

- Select Employee/Non-Employee and Destination Type from drop-down options, this sets the account coding for the trip



Estimate Expenses

- Enter Estimated costs and select expected payment method

II. Estimated Expenses				
Estimated Expenses	Amount	Payment Method	Comments	
Airfare	\$ 203.00	P-card		
Hotel (Room + Tax)	\$ 744.72	P-card		
Registration Fees	\$ 1,250.00	Prepayment		
Parking / Tolls	\$ 16.00	Out of pocket		
Taxi / Bus / Train	\$ 90.00	P-card	shuttle service from airport	
Rental Car / Gas				
Other (explain)	\$ 80.00	Out of pocket	baggage and tips	
Meals	\$ 105.00	Out of Pocket		
Mileage	\$ 17.25	<i>Estimated mileage (roundtrip):</i>	30.0	
Total Expenses		\$ 2,505.97		
Total Out of Pocket		\$ 201.00	<i>(Excludes airfare, lodging, or registration fees)</i>	

- Mileage \$ amount is entered based on calculation of estimated mileage (you enter the estimated miles not the \$ amount) If entering more than 100 miles it will indicate the need to request a motor fleet

<i>Estimated mileage (roundtrip):</i>	104.0	<i>Requesting motor fleet vehicle?</i>	Yes
---------------------------------------	-------	--	-----



Estimate Expenses

- Estimated costs for payment by p-card will carry over to the Reimbursement tab

VI. Prepaid Charges

(Confirm the charges that were previously paid using a P-Card, Direct Bill, or prepayment request)

Date of Transaction	Expense Type	Payment Method	Amount	Fund	Reference / Other Notes
1	Airfare	P-card	\$ 203.00	0	TXN #
2	Hotel (Room + Tax)	P-card	\$ 744.72	0	TXN #
3	Taxi / Bus / Train	P-card	\$ 90.00	0	TXN #
4					

- Remember to update these amounts from Estimates to Actual when processing the Travel Reimbursement
- If payment method is expected to be a prepayment or travel advance please check the box on the top of the Travel Authorization so the specialists know to look for this form

Check here if a Travel Advance / Prepayment form is attached



Funding

- Funding and fund limits need to be noted on Travel Authorization
- Fund limit is noted by a dollar amount in the fund limit box.

III. Funding	Fund 1	Fund 2	Fund 3
Fund(s) to be charged	123456	139000	
Fund Limit (optional)	3,000.00		
Fund Approver Initials <i>Required if you are not the custodian of fund(s)</i>			

- If fund approver is different than supervisor signing form, need to have them initial the fund limit



Prior Approval

- Must have prior approval by supervisor (these approvals are specified to better meet State policies)

IV. Approval											
Prior Approval Required by Supervisor	Signatures										
<p>Indicate if any of the following apply to this trip:</p>											
<table border="1"> <tr> <td>No</td> <td>Will personal travel days occur between departure and return dates? <i>(If yes, and airfare involved, a cost comparison must be attached)</i></td> </tr> <tr> <td>Yes</td> <td>Excess lodging rates authorized? (e.g., above subsistence rates)</td> </tr> <tr> <td>No</td> <td>Vehicle rental authorized?</td> </tr> <tr> <td>No</td> <td>Federal per diem meal rates authorized? (Int'l travel only)</td> </tr> <tr> <td>No</td> <td>Business-class airfare authorized? (Int'l travel only)</td> </tr> </table>	No	Will personal travel days occur between departure and return dates? <i>(If yes, and airfare involved, a cost comparison must be attached)</i>	Yes	Excess lodging rates authorized? (e.g., above subsistence rates)	No	Vehicle rental authorized?	No	Federal per diem meal rates authorized? (Int'l travel only)	No	Business-class airfare authorized? (Int'l travel only)	<p>By providing my name below, I acknowledge that reimbursement of travel expenses is subject to University travel policies and my request for reimbursement must be submitted within 30 days after completion of the trip.</p>
No	Will personal travel days occur between departure and return dates? <i>(If yes, and airfare involved, a cost comparison must be attached)</i>										
Yes	Excess lodging rates authorized? (e.g., above subsistence rates)										
No	Vehicle rental authorized?										
No	Federal per diem meal rates authorized? (Int'l travel only)										
No	Business-class airfare authorized? (Int'l travel only)										
<table border="1"> <tr> <td colspan="2">Signature of Traveler</td> <td>Date</td> </tr> <tr> <td colspan="2"> <p>By providing my name below, I acknowledge that I have examined this authorization and certify it is necessary and proper. I also confirm that funds will be available to cover the estimated expenses for this authorized travel.</p> </td> <td></td> </tr> <tr> <td colspan="2">Supervisor's Signature</td> <td>Date</td> </tr> </table>		Signature of Traveler		Date	<p>By providing my name below, I acknowledge that I have examined this authorization and certify it is necessary and proper. I also confirm that funds will be available to cover the estimated expenses for this authorized travel.</p>			Supervisor's Signature		Date	
Signature of Traveler		Date									
<p>By providing my name below, I acknowledge that I have examined this authorization and certify it is necessary and proper. I also confirm that funds will be available to cover the estimated expenses for this authorized travel.</p>											
Supervisor's Signature		Date									

- Personal time – prompts that an airfare cost comparison is needed
- Answers in this section are defaulted to the most common selections

Travel Authorization

- Once all the fields are completed print the form to get the required approval signatures
- Both the employee traveler and supervisor need to sign the form
- Does not need to be signed by the traveler for non-employee travel authorization
- If fund approver is different than Supervisor send the form to that approver for fund approval initials
- Once signed, send the hard-copy of the form with any supporting documentation to the Travel Office
- Travel Authorizations should be submitted to the Travel Office 2 weeks before traveling (when possible)



Advance/Prepayments

- If payment cannot be paid by p-card, prepayment is an option
- Need payee set up as vendor if not already in Banner (follow steps for vendor set-up)

II. Prepayment Request(s)

* Prepayments should only be requested for vendors that do not accept a P-Card or direct billing arrangement.

	Expense Type	Amount	Payee	Payee's 800 #	Pmt. Type	Fund	Code	Amount
1	Parking / Tolls	\$ 50.00	Park and Go	800012345	VR1	123456	925300	\$ 50.00
2								
3								
4								
5								
	Total Prepayments	\$ 50.00						
								Total \$ 50.00

- Selecting the Expense Type auto-populates the appropriate account
- Payment Type is the address type from Banner to pay



Advance/Prepayments

- Travel Advances are only allowed for Employees
- Enter amount of Advance Requested; out of pocket expenses that cannot be prepaid by other means
- Select reason for advance from the drop-down menu

Amount of Travel Advance Requested		\$ 105.00
Reason for Request	Traveling more than one week	
	--Select--	
	Traveling more than one week	
IV. Funding	Traveling outside of U.S.	
Fund(s) to be charged	Student trip / group travel	
	Unable to use personal funds	
Fund Limit (optional)	Other reason (explain)	
Total Prepayment charges		50.00 - -

- Fund/Account is automatically coded in the prepayment section

Travel Advance	660265	G13910	\$ 105.00
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Advance/Prepayments

- Once all the fields are completed print the form to get the required approval signatures
- Both the traveler and supervisor need to sign the form
- Once signed, send the hard-copy of the form with any supporting documentation to the Travel Office
- Travel Advance/Prepayment requests should be submitted at least 10 business days prior to traveling



Reimbursement

- Header information carries over – no need to re-type
- Only part of header that needs updating is Departure and Return time (time left/returned home)

Departure Time	Return Time
5:49 AM	7:00 PM

- Did personal travel occur between departure and return dates

Yes Did personal travel occur between departure and return dates?

- If “Yes” enter personal travel dates

Personal travel dates: 04/21-04/22/15

Attach airfare cost comparison if not previously submitted

- You are reminded to submit the airfare comparison



Reimbursement

- Sections II and III of this form automatically populate based on the expenses entered in the expense sections (VI-IX) of this form
- If additional fund numbers are needed can add this information on the TR form directly

IV. Funding	Fund 1	Fund 2	Fund 3
Fund(s) to be charged	123456	139000	139777
Fund Limit <i>(optional)</i>	3,000.00	-	-

- Expenses are separated and recorded in these sections
 - Prepaid
 - Mileage
 - Per Diem Meals
 - Other Travel-Related Charges (expenses incurred while traveling)



Reimbursement Prepaid Charges

- Prepaid Charges

VI. Prepaid Charges

(Confirm the charges that were previously paid using a P-Card, Direct Bill, or prepayment request)

	Date of Transaction	Expense Type	Payment Method	Amount	Fund	Reference / Other Notes
1	4/9/2015	Airfare	P-card	\$ 203.00	123456	TXN# 24567
2	4/9/2015	Hotel (Room + Tax)	P-card	\$ 744.72	123456	TXN# 98754
3	4/9/2015	Taxi / Bus / Train	P-card	\$ 90.00	123456	TXN# 12345
4	4/19/2015	Parking / Tolls	Prepayment	\$ 50.00	123456	
5						

- Update prepaid charges section with:
 - Date of transaction
 - Actual \$ amounts
 - TXN#s



Reimbursement Mileage

- Beginning and End dates are automatically populated
- Enter the total number of miles
- Select the reimbursement rate

VII. Mileage
(Enter the total roundtrip mileage actually driven using traveler's personal vehicle; then select the applicable reimbursement rate)

Begin Date	End Date	Total Mileage <i>(roundtrip)</i>	Reimbursement Rate	Amount to be Reimbursed	Fund?
4/19/2015	4/22/2015	60.0	\$0.575/mile (<100 miles or with motor fleet denial)	34.50	123456

Other Notes: _____

VIII. Other Travel-Related Charges

--Select--
\$0.575/mile (<100 miles or with motor fleet denial)
\$0.30/mile (without motor fleet denial)
Alternate rate (must be lower than state rate)

- If selecting Alternate rate enter the \$ amount (per mile)

Total Mileage <i>(roundtrip)</i>	Reimbursement Rate	Amount to be Reimbursed	Fund?
60.0	Alternate rate (must be lower than state rate)	\$ 15.00	123456
<i>Alternate rate (per mile): \$ 0.25</i>			

- Amount to be reimbursed automatically calculates
- Select the desired fund



Reimbursement Per Diem Meals

- Rates claiming is automatically populated based upon the destination type (In State, Out-of State, Out-Of Country)

VIII. Per Diem Meals							
Rates claiming*:	Breakfast	\$	8.20	Lunch	\$ 10.70	Dinner	\$ 20.90

- These Rates can be changed for other rate options
 - Department lower rate claiming
 - Federal Per Diem with prior approval
- Administrative meals are entered in section IX



Reimbursement Per Diem Meals

- Dates are automatically populated but can be changed
- Check the box for the meals claiming

(Enter an X for any day that the traveler was eligible for a per diem meal. For administrative meals and alcohol, enter in section IX)

Per Diem Meal	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7	Date 8	Date 9	Date 10	Totals
	4/19/15	4/20/15	4/21/15	4/22/15	4/23/15						
Breakfast	x		x		x						\$24.60
Lunch	x				x						\$21.40
Dinner	x	x	x								\$62.70
Total per diem meals											\$108.70

- Totals will calculate at the end and will populate in the reimbursement account code section

III. Reimbursement Expense Accounting *(Accounts Payable Use Only)*

Expense Account Code Description	Fund	Code	Amount
Transportation-Ground OUT OF STATE	123456	925300	\$ 34.50
Subsistence-Meals OUT OF STATE	123456	925360	\$ 108.70

Reimbursement Expenses Not Prepaid

- Enter all expenses that were incurred while traveling even if those expense were paid with p-card or out of pocket

IX. Other Travel-Related Charges Total per diem meals \$108.70

(Enter the charges that were not already prepaid)

	Date of Transaction	Expense Type	Payment Method	Amount	Fund?	Reference / Other Notes
1	4/19/2015	Airline Baggage Fees	Out of pocket	\$ 25.00	123456	
2	4/22/2015	Airline Baggage Fees	Out of pocket	\$ 25.00	123456	
3	4/19/2015	Gratuity	Out of pocket	\$ 2.00	123456	shuttle driver baggage
4	4/20/2015	Gratuity	Out of pocket	\$ 3.00	123456	housekeeping
5	4/21/2015	Gratuity	Out of pocket	\$ 3.00	123456	housekeeping
6	4/22/2015	Gratuity	Out of pocket	\$ 3.00	123456	housekeeping
7	4/20/2015	Meals (administrative)	Out of pocket	\$ 48.00	139000	networking meal with constituents
8	4/22/2015	Other (explain)	P-card	\$ 42.00	123456	TXN# 32323 Internet
9						

- For more than 13 lines unhide rows 106-145

106 <-- For additional lines, unhide rows 106-145
 145 (Step 1. Click on row 106; Step 2. Hold SHIFT, then click on row 145; Step 3. Right-click on row 145; Step 4. Select "Unhide")



Reimbursement Expenses Not Prepaid

Recording expenses properly:

- Hotel and tax are now entered on one line (not broken out by day)
- Only separate hotel parking and “other” (i.e. internet) on different lines by payment type
- Expense type “other” should be used for internet, phone, books
- Subsistence rates can be changed for International rates or if department has a lower rate



Reimbursement Expenses Not Prepaid

Expense types of note:

- Gratuity can enter by day or together but must clarify amounts and purpose in the other notes section
- Do not enter gratuity for meals or taxi as gratuity in this section
 - Enter that under those expense types
- Option to enter Administrative meals for meals with business purpose
 - Must provide FBAE form
- Alcohol account code can be selected
 - Must be noted on FBAE form



Reimbursement Expenses Accounting

- Once all data is entered the Expense Accounting section is automatically populated with the out of pocket expense minus any travel advance issued

III. Reimbursement Expense Accounting <i>(Accounts Payable Use Only)</i>			
Expense Account Code Description	Fund	Code	Amount
Transportation-Ground OUT OF STATE	123456	925300	\$ 34.50
Subsistence-Meals OUT OF STATE	123456	925360	\$ 71.40
Subsistence-Other/Tip/Etc OUT OF STATE	123456	925380	\$ 11.00
Transportation-Air OUT OF STATE	139000	925280	\$ 50.00
Administrative Meals	139777	951360	\$ 48.00
Travel Advance	660265	G13910	\$ (105.00)

- Total Trip Costs section auto-calculates, showing the total trip cost with p-card payments, prepayments, and travel advance

II. Trip Costs	
Total Trip Cost	\$ 2,594.62
Less: P-Card Payments	(2,329.72)
Less: Direct Bills	-
Less: Other Prepayments	(50.00)
Less: Travel Advance	(105.00)
To be reimbursed to traveler	\$ 109.90



Reimbursement Fund Limit

- If there is a fund limit and the actual expenses exceed the fund limit an error message will pop-up to advise you of error and allow you to correct the expenses (assign another fund) before signing

IV. Funding	Fund 1	Fund 2	Fund 3	V. Approval
Fund(s) to be charged	123456	139000	139777	Under penalties of perjury, I certify this is a true and accurate statement of expenses incurred while in service of the State.
Fund Limit (optional)	2,000.00	-	-	
P-Card, Direct Bills, Prepmts	2,329.72	50.00	-	ERROR - Please correct prior to submitting
Reimbursements	116.90	50.00	48.00	
Total Charges Per Fund	2,446.62	100.00	48.00	Signature of Traveler _____ Date _____
Amount exceeding fund limit	(446.62)			I have examined this reimbursement request and certify that it is just and reasonable.
				ERROR - Please correct prior to submitting
				Supervisor's Signature _____ Date _____

--Continued on next page--



Reimbursement

- Once all the fields are completed print the form to get the required approval signatures
- Both the traveler and supervisor need to sign the form
- Once signed, send the hard-copy of the form with any supporting documentation to the Travel Office
- Travel Reimbursements should be submitted within 30 days of the date of return and become taxable after 60 days



Questions ?

