Travel Advance Meals Invoice

The Advance Travel Meals Per Diem Invoice will need to be filled out correctly with the appropriate signatures. You will then enter it into Banner.

DEEE	RENCE WOUTR					Ú	UNIVER	SITY
NAME:	Charlotte Darba	,	ULS AN	D HATES TO COMPL	LIL III3 PONW		WOLLV#	
	Complete Mailing	Address:						
STREET:	345 Monmouth	Ave N					V00000000	
CITY, STATE ZIP:	Monmouth, OR	97361					Destination:	
Permanent WorkStation:	WOL	x		HOME	or *Remoti wor	e K	Bend, OR	
MEMPLOYEE only:	x			DEPARTMENT:	Accounting	& Business	Purpose:	
Form Prepared by: (Print name)	Self	-		TB	VEL DATES:	3/6-10/23		
NDEX code:	BAO000	ACCT c	ode:	39415 FU	ND/ACTV Code (ē aaplicable		Recruitment	
(Excluding PRO921)			MEAL		VDENCEC	a section to the state		
	Conference	A LOUIS CALL	MEALS	S & INCIDENTAL	EXPENSES		First/Last	
		DECEN	TION				Day	TOTAL
DATE	Y/N	DESTINA	ATION			**M&IE	Yes/No	Per diem
3/6/2023	N	WUU to	Bend			\$64.00	res	\$6A
3/7/2023	N	Bend				\$64.00	NO	\$04.0 \$64.0
3/8/2023	N	Bend				\$64.00	NO	\$04.L
3/9/2023	N	Bend				\$64.00	NO	\$04.0
3/10/2023	N	Bend to	WOU			\$64.00	Yes	\$48.0
								\$0.0
								50.0
								\$0.0
								\$0.0
								\$U.
								\$U.
								\$0.0
								\$0.0
			1000000					\$0.0
Total Meals Reques	st	ALC: NO.	Banto	C. A LIGHT PROPERTY AND IN COMPANY	METERAL			\$288.0
https://wou.edu/business/	files/2022/01/WOU-5 /files/2023/01/WOU-	ummary-of-Ti Summary-of-	ravel-Reiml Travel-Rei	bursements-Rates-2022-2. mbursements-Rates-2023.	odf pdf			2022 Rates 2023 Rates
					**Vendor INV Convention in	Standard Naming Banner:	TAM Bend OR	3/6-10/23
					Invoice#:		10559988	
					Created by	/ Date:	cd 2/3/23	
					**PMT Due	Date:	2/27/2023	
1		\sim	1.	/	N	A]	1	2.2
- far	· ISHER	Jar	y	<u></u>		<u> </u>	2	-J-Z
CLAIMANT (Printer	a Name)			/ Signa	ture	/		Date
6	Whi	te		h	Un		2	-2-2
PO CH DY		-					_	

In Banner go to form FAAINVE (Invoice/Credit Memo).

×	@ ellucian	Invoice/Credit Memo FAAINVE 9.3.16.E (WOUPRD)		🛉 ADD	RETRIEVE	RELATED	🔆 TOOLS	¢
	Document:		Multiple:				Go	
	Invoice Type:	Direct Pay						
	Vendor:	000	Vendor Hold:					
Get	Started: Comple	te the fields above and click Go. To search by name, press TAB from an ID field, enter your	search criteria, and then press ENTER.					

Tab until you get to the Vendor box. The word NEXT will now be in the box to the right of the word Document.

Type in the V# from the form. If it is missing or incorrect you can click on the ... to the right of the Vendor box to search for the V#.

Press tab. Verify that the correct name is displayed.

		L MEALS PER w/High Cost (L	DIEM INVOICE Re Jp to two weeks)	equest Form	Western Oregon
NAME:	Charlotte Darby	ddress:			WOU V#:
STREET:	345 Monmouth A	ve N			V0000000
CITY, STATE ZIP:	Monmouth, OR 9	7361			Destination:
Permanent WorkStation:	WOU	x	HOME	or *Remote work	Bend, OR
**EMPLOYEE only:	×		DEPARTMENT:	Accounting & Business Services	Purpose:
Form Prepared by: (Print name)	Self		TR	AVEL DATES: 3/6-10/23	Becruitment
INDEX code: (Excluding PR0921)	BAO000	ACCT code:	39415 FL	(if aaplicable)	

Click on "Go".

×	@ ellucian	Invoice/Credit Memo FAAINVE 9.3.23.E (WOUPRD)		ADD	🖹 RETRIEVE	RELATED	🔆 TOOLS	٨
	Document:	NEXT ••••	Multiple:				Go	
	Invoice Type: *	Direct Pay 💌						
	Vendor:	V000 Darby, Charlotte A.	Vendor Hold:					
Get	Started Complet	e the fields above and click Go. To search by name, press TAB from an ID field, enter your	search criteria, and then press ENTER.					

Leave the Invoice Date and the Transaction Date as the current date.

×	@ ellucian	Invoice/Credit Memo FAAINVE 9.3.23.E (WOUPRD)			ADD			🗱 тос	ols 🌲
Docun	nent: NEXT Mu	Ittiple: Invoice Type: Direct Pay Vendor: V000 Darby, Charlotte A. Vendor	Hold:					Start	Over
	CE/CREDIT MEMO	HEADER				8	Insert 🛛 🖨 Dele	te 🗖 Cop	y 🛛 🌪 Filter
	Invoice Date *	02/03/2023	Check Vendor						
Т	ransaction Date *	02/03/2023							
		Document Accounting							
	Address Code	VP ***	Payment Due						
Se	quence Number	2 ••••							
			Bank	••••					
	Address Line 1	r Ln	Vendor Invoice		0				
	Address Line 2		Direct Deposit Status	No					
	Address Line 3			IAT					
			ACH Transaction	•••					
			Туре						
	City	Dallas	1099 Tax ID						
S	tate or Province	OR		Credit Memo					
ZIF	or Postal Code	97338		1099 Vendor					
	Nation			Direct Deposit Override					
	Collects Tax	N COLLECTS NO TAXES		Text Exists					
	Discount Code	•••							

You will now need to enter a Payment Due date. Use the date that is written on the TAM invoice.

REFE	RENCE WOU TR	AVEL POL	ICIES AND	RATES TO COMP	LETE THIS FORM	4			
NAME:	Charlotte Darby	1					WOU V#:		
	Complete Mailing	Address:					V0000000		
STREET:	345 Monmouth	Ave N					V00000000		
CITY, STATE ZIP:	Monmouth, OR	97361					Destination		
Permanent WorkStation:	wou x			HOME	Bend, OR				
**EMPLOYEE only:	x		DEPARTMENT		Accounting Services	& Business	Purpose:		
Form Prepared by: (Print name)	Self			TF	AVEL DATES:	3/6-10/23	Becruitment		
INDEX code: (Excluding PR0921)	BA0000	ACCT	code:	39415 F	JND/ACTV Code: (# aaplicable)		neoraiment		
al and the second second	States of the		MEALS	& INCIDENTAL	EXPENSES		SAINS ST	THE REAL	
	Conference						First/Last Day	TOTAL	
DATE	Y/N	DESTIN	ATION			**M&IE	Yes/No	Per diem	
3/6/2023	N	WOU to	Bend		_	\$64.00	Yes	\$48.00	
3/7/2023	N	Bend				\$64.00	No	\$64.00	
3/8/2023	N	Bend				\$64.00	No	\$64.00	
3/9/2023	N	Bend				\$64.00	No	\$64.00	
3/10/2023	N	Bend to	WOU			\$64.00	Yes	\$48.0	
								\$0.00	
								\$0.0	
								\$0.0	
								\$0.0	
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								\$0.00	
Total Meals Reques	ıt	Report 1	HERALIE .	- A Direction of the Control of the		al faistered		\$288.00	
https://wou.edu/business/	files/2022/01/WOU-5/	ummary-of-T Summary-of	ravel-Reimb	ursements-Rates-2022-3	3.pdf			2022 Rates 2023 Rates	
					**Vendor INV Convention in	Standard Naming Banner:	TAM Bend OR	1 3/6-10/23	
					Invoice#:		10559988		
					Created by	/ Date:	cd 2/3/23		

The next step is to enter the Vendor Invoice. A TAM has a set format. You will first have "TAM", then the location (city and state or the country) and lastly is the date(s) of the travel. Always do the date as month/first day-last day/year (2 digit only). If the trip is only one day then it would be month/day/year (2 digit only). There is a limit of 25 characters. If you need more than that you will need to either abbreviate the city or leave off the state. The TAM and the dates have to be correct.

i.e. TAM Bend OR 3/6-10/23

×	@ ellucian	Invoice/Credit Memo FAAINVE 9.3.23.E (WOUPRD)				ADD		RELATED	🔆 TOOL	s 🌲
Docur	ment: NEXT Mu	Itiple: Invoice Type: Direct Pay	Vendor: V000	Darby, Charlotte A.	Vendor Hold:				(Start O	ver
- INVO	ICE/CREDIT MEMO	HEADER						0	Insert 🖪 Delete	🖥 Сору	Filter
	Invoice Date *	02/03/2023			Check Vendor	•••					
1	Fransaction Date *	02/03/2023									
		Document Accounting									
[Address Code	VP ••••			Payment Due	02/03/2023					
Se	equence Number	2 •••									
					Bank						
	Address Line 1	r Ln			Vendor Invoice	TAM BEND OR 3/6-10/23		2			
	Address Line 2				Direct Deposit Status	No					
	Address Line 3					IAT					
					ACH Transaction						
	1000				Type						
	City	Dallas			1099 Tax ID						
S	State or Province	OR				Credit Memo					
ZI	P or Postal Code	97338				1099 Vendor					
	Nation					Direct Deposit Override					
	Collects Tax	N COLLECTS NO TAXES				Text Exists					
	Discount Code										

REFE	RENCE WOU TRA	AVEL POL	ICIES ANI	D RATES TO C	OMPLET	E THIS FORM	-				
NAME:	Charlotte Darby							WOU V#:			
	Complete Mailing	Address:						V00000000			
STREET:	345 Monmouth	Ave N							-		
CITY, STATE ZIP:	Monmouth, OR	97361						Destination			
Permanent WorkStation:	wou	x		HOME	or *Remote work			Bend, OR			
MEMPLOYEE only:	х			DEPARTME	NT:	Accounting Services	& Business	Purpose:			
Form Prepared by: (Print name)	Self	-			TRAVE	L DATES:	3/6-10/23	Recruitment			
INDEX code: (Excluding PRO921)	BA0000	ACCT c	ode:	39415	FUND	(# aaplicable)		ricordianent			
den and the second	Second Second	HARMAN	MEALS	& INCIDEN	TAL EX	PENSES		SHARE TO	STATE STATE		
	Conference							First/Last Day	TOTAL		
DATE	Y/N	DESTIN	ATION				**M&IE	Yes/No	Per diem		
3/6/2023	N	WOU to	Bend				\$64.00	Yes	\$48.00		
3/7/2023	N	Bend					\$64.00	No	\$64.00		
3/8/2023	N	Bend					\$64.00	No	\$64.00		
3/9/2023	N	Bend					\$64.00	No	\$64.00		
3/10/2023	N	Bend to	WOU				\$64.00	Yes	\$48.00		
									\$0.00		
									\$0.00		
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Total Meals Reques	t	Tissel 9		State of the second	Denty		ALC: NO		\$288.00		
https://wou.edu/business/ https://wou.edu/business/	files/2022/01/WOU-5e /files/2023/01/WOU-	ummary-of-Ti Summary-of-	ravel-Reimb •Travel-Rein	ursements-Rates-2	022-2.pdf s-2023.pdf				2022 Rates 2023 Rates		
						**Vendor INV S Convention in	Standard Naming Banner:	TAM Bend OR	1 3/6-10/23		
						Invoice#:		10559988			
						Created by	Date:	cd 2/3/23			
						1					

Now you need to make sure that this invoice has not already been entered into Banner.

Click on RELATED. It is located in the top right corner.

Then click on View Vendor History.

Document: NEXT Multiple:	Invoice Type: Direct Pay Vendor: V000 Darby, Charlotte A. Vendor Der	Hold:		Q Search
- INVOICE/CREDIT MEMO HEADE	DER			
The second se				View Vendor History [FAIVNDH]
Invoice Date * 02/03	03/2023	Check Vendor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Transaction Date * 02/03	03/2023			Document Text [FOATEXT]
D	Document Accounting			
Address Code VP	***	Payment Due	02/03/2023	
Sequence Number	2 ***			
		Bank		
Address Line 1	r Ln	Vendor Invoice	TAM BEND OR 3/6-10/23	
Address Line 2		Direct Deposit Status	No	
Address Line 3			IAT	
		ACH Transaction	•••	
		Туре		
City Dalla		1099 Tax ID		
State or Province OR			Credit Memo	
ZIP or Postal Code 9733			1099 Vendor	
Nation			Direct Deposit Override	
Collects Tax N	COLLECTS NO TAXES		Text Exists	
Discount Code	449			

Now you can proceed to see a list of the prior invoices that have been entered for this vendor. Make sure that the Fiscal Year is correct for the year that the travel happened in.

×	@ ellucian	Vendor Detail History FAIVNDH 9.3.22 (WOUPRD)			ADD	RETRIEVE	RELATED	🌞 TOOLS	٨
	Vendor:	V000 ••• Darby, Charlotte A.	Vendor Hold:					Go	
	Selection:	All	Fiscal Year:	23					
Invoid	e Date From:		Invoice Date To:						
Get St	arted: Complet	e the fields above and click Go. To search by name, press T	AB from an ID field, enter your search criteria, a	nd then press ENTER.					

Click on "Go". It is located in the top right side of the screen.

×	ellucian	Vendor Detail Hi	istory FAIVNDH 9.3	3.22 (WOUPRD)					🔒 ADD	RETRIEVE) 🔅 TOOLS	40
Vendo	r: V000	arby, Charlotte A	Vendor Hold:	Selection: All	Fiscal Year: 23 Inv	oice Date From:	Invoice Date To:		Query c	aused no records t	be retrieved.	Re-enter.	
- VEND	OR DETAIL HISTOP	۱Y								C Ir	isert 🗧 Dele	ete 🎜 Copy	🗙 Filter
Vendor	Invoice	Invoice	Approval	Multiple	Credit Memo	Open/Paid	Cancel	Vendor Invoice Amount	Due Date	Check Dat	9	Check Number	
		To	tal					0.00					
10 -	1 of 1 🕨	M 10 v	Per Page									Recor	d 1 of 1

Check the list to make sure the invoice has not already been entered into Banner. If it hasn't, you can proceed with entering the invoice.

Click on the "X" that is located on the top left side of the screen. This will take you back to the invoice.

Click on the Next Section button (arrow down located on the bottom left-hand corner on your screen). This will take you to the COMMODITY INFO -DIRECTY PAY/GENERAL ENCUMBRANCE screen.

Tab to the Commodity Description box. Type in the Commodity description. Press tab twice. This will take you to the Amounts section. Type in the amount. Press tab.

		AVEL / OL	UILS AN	DHAIESIUC	OMPLE	E THIS FURIM			
NAME:	Charlotte Darby							WOU V#:	
	Complete Mailing	Address:						V00000000	
STREET:	345 Monmouth	Ave N						00000000	
CITY, STATE ZIP:	Monmouth, OR	97361						Destination:	
Permanent WorkStation:	wou	x		or *Remote HOME work			Bend, OR		
MEMPLOYEE only:	x			DEPARTM	ENT:	Accounting Services	& Business	Purpose:	
Form Prepared by: (Print name)	Self				TRAV	EL DATES:	3/6-10/23	Recruitment	
INDEX code: (Excluding PR0921)	BA0000	ACCT	ode:	39415	FUNL	O/ACTV Code: (if aaplicable)			
an and the second se	Service and the service of the servi	Landar.	MEALS	& INCIDEN	TAL EX	PENSES		Sales and	The Real Property in
	Conference							First/Last Day	TOTAL
DATE	Y/N	DESTIN	ATION				**M&IE	Yes/No	Per diem
3/6/2023	N	WOU to	Bend				\$64.00	Yes	\$48.00
3/7/2023	N	Bend					\$64.00	No	\$64.00
3/8/2023	N	Bend					\$64.00	No	\$64.00
3/9/2023	N	Bend					\$64.00	No	\$64.00
3/10/2023	N	Bend to	WOU				\$64.00	Yes	\$48.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
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🗙 🕜 ellucian	Invoice/Credit Memo FAAINVE 9.3.23.E (WOUPRD)						ADD	RETRIEVI	E 🔒 RELATED	🗱 тоо	ls 🌲	
Document: 10559126	Multiple:	Invoice Type: Direct Pay	Vendor: V000	Darby, Charlotte A.	Vendor Hold:						Start	Over
	RECT PAY/GENER	RAL ENCUMBRANCE							1	🔒 Insert 🛛 🖨 Delet	е 🖪 Сору	Y, Filter
Document	10559126				Ite	em	1					
Vendor	V000	Darby, Charlotte A.		Vendor Hold								
Commodity		Commodity Description					Reverse Calculation *					
		TAM - Recruiting										
🔣 ┥ 🗍 of 1 🕨	10	0 🗸 Per Page									Rec	ord 1 of 1
Amounts												
Approved		288.00										
Discount		0			N	let [288.00					
Additional		0.00										
Indicators												
Suspense	Y						Commodity Hold					
Open or Paid						C	Access Completion					

X X

SAVE

Click on the Next Section button (arrow down located on the bottom left-hand corner on your screen). This will take you to the INVOICE ACCOUNTING DISTRIBUTION screen.

× @ ellucian	Invoice/Credit N	Memo FAAINVE 9	.3.23.E (WOUPR	RD)					ADD	RETRIEVE	RELATED	🗱 тоо	ls 🔺
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	DISTRIBUTION									0	hsert 🖪 Dele	te 📭 Copy	🝸 Filte
Document	10559126					Transaction Date	e 02/03/2023						
Vendor	VOOD	Darby, Charlotte	А.			Commodity Record	i 1						
						Coun	t						
	Vendor Hold					Accounting Record	0 t						
						Coun	t						
Item						Currency Code	9						
Commodity	DOCUMENT A	CCTGDISTRIBUT	ION									1	
Sequence Number		COA	Year	Index	Fund	Orgn A	cct	Prog	Actv	Loci	1	Proj	
1 d 1 of 1	N 10	Per Page										Rec	cord 1 of 1
Bank	B1 •••					Income Type		Ì					
		Co	mmodity			%				Accou	nting		
Approved			288.00	0									
Discount			0.00	0									
Additional			0.00	0									
Tax			0.00	0									
Net													
NSE Override	N				Suspense N			NS	F Suspense N				

You will need to enter the Index, Acct, Actv (if there is one) and the amount. The rest of the boxes will self populate. The amount goes in the box directly below the word Accounting. You will need to tab between boxes.

(Print name) INDEX code: (Excluding PR0921)	Self BAO000	ACCT code: 39415	FUND/ACTV Code: (@ aaplicable)	3/0-10/23	Recruitment	
al contration of the	and the second second	MEALS & INCIDE	NTAL EXPENSES		SALANSIE CO	The Real of
	Conference				First/Last Day	TOTAL
DATE	Y/N	DESTINATION		**M&IE	Yes/No	Per diem
3/6/2023	N	WOU to Bend		\$64.00	Yes	\$48.00
3/7/2023	N	Bend		\$64.00	No	\$64.00
3/8/2023	N	Bend		\$64.00	No	\$64.00
3/9/2023	N	Bend		\$64.00	No	\$64.00
3/10/2023	N	Bend to WOU		\$64.00	Yes	\$48.00
						\$0.00
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Total Meals Requ	est	The second second second		N. LORDER W.		\$288.00

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Document: 10559126	Multiple:	Invoice Type: Dire	ect Pay	Vendor: V000	Darby, Charlotte A.	Vendor Hold:					(Start O	ver
										0	nsert 🗧 Delete	Copy	Y Filter
Document	10559126					Transaction Date	02/03/2023						
Vendor	V000	Darby, Charlotte	А.			Commodity Record	1						
						Count							
	Vendor He	old				Accounting Record	1						
						Count							
Item						Currency Code							
Commodity	DOCUMENT	ACCTG DISTRIBU	TION										
Sequence Number		COA	Year	Index	Fund	Orgn Ad	oct	Prog	Actv	Locn		Proj	
		1 E	23	BAO901	001001	303100 3	9415	61050					
1 of 1	M 10) v Per Page										Reco	ord 1 of 1
Bank	B1 •••	General Suspen	se Checking			Income Type	NA •••						
		Co	ommodity			%				Accour	ting		
Approved			2	88.00							288.00		
Discount				0.00							0.00		
Additional				0.00							0.00		
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Net											288.00		
NSF Override	N				Suspense N			NSF	Suspense N				

Click on the Next Section button (arrow down located on the bottom left-hand corner on your screen). This will take you to the BALANCING COMPLETION screen. It will only take you here if your Commodity amounts and your Accounting amounts are the same.

🗙 🞯 ellucian	Invoice/Credit Memo FAAINVE 9.3.23.E (WOU	JPRD)		📓 ADD 📑 RETRIEVE 🗸 RELATED	🔅 TOOLS 🛛 🌲
Document: 10559126	Multiple: Invoice Type: Direct Pay	Vendor: V000 Darby, Charlotte A. Ve	endor Hold:	(Start Over
	N			Binsert ■ Delete	Te Copy 🎗 Filter
	Input		Exchange Rate	Converted	
Amount		288.00			
Amount Type	Header	Commodity	Accounting	Status	
Approved	288.00	288.0	00 28	8.00 BALANCED	
Discount	0.00	0.	00	0.00 BALANCED	
Tax					
Additional	0.00	0.0	00	0.00 BALANCED	
Complete In Pro	ocess				

X Y

SAVE

If it doesn't take you to this screen you will need to figure out where the mistake is at.

Now you will need to fill/write in the invoice description, the Invoice # (I#), your initials, and the date on your Travel Advance Meals form. The I# is located towards the top left of the form just to the right of the word Document.

Now you will click on the Complete button.

	**Vendor INV Standard Naming Convention in Banner:	TAM Bend OR 3/6-10/23
	Invoice#:	10559988
	Created by / Date:	cd 2/3/23
	**PMT_Due Date:	2/27/2023
Charlotte Darby	<u> </u>	2-3-23
CLAIMANT (Printed Name)	Signature	Date
Saron White	h wh	2-2-23
BUDGET AUTHORITY (Printed Name)	Signature	Date
		2/3/203

🗙 🔘 ellucian Invo	pice/Credit Memo FAAINVE 9.3.23.E (WOUPRD)			😭 ADD 斗 RETRIEVE 🕌 RELATED	🗱 tools 🛛 🌲
Document: 10559126 Mult	iple: Invoice Type: Direct Pay Vendor:	V000 Darby, Charlotte A. Vendor Hold:			Start Over
- BALANCING COMPLETION				🗄 Insert 🗧 Delete	Copy Y Filter
	Input	Exch	ange Rate	Converted	
Amount	288.00				
Amount Type	Header	Commodity	Accounting	Status	
Approved	288.00	288.00	288.00	BALANCED	
Discount	0.00	0.00	0.00	BALANCED	
Тах					
Additional	0.00	0.00	0.00	BALANCED	
Complete In Process	S				

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Now your Travel Advance Meal form and all of the supporting documents need to be scanned into DocStar for indexing. See the instructions for DocStar if needed for this process.