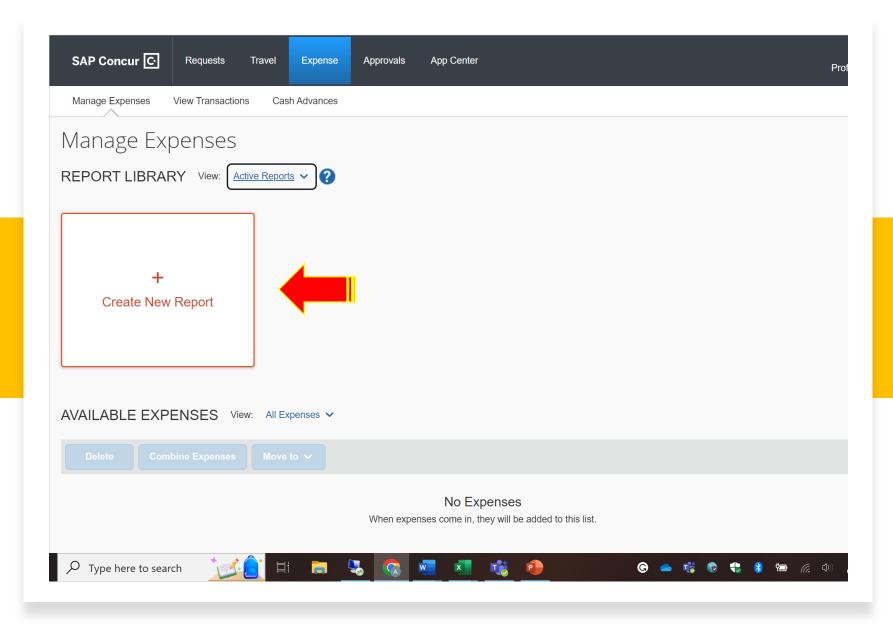
#### How to Create a Mileage Expense Report

- On the top dark gray menu row
  - Click "Expense"

ur <b>C</b> Requests Travel	Expense Approvals	App Center		
INNESAW STATE		+ New	<b>00</b> Required Approvals	<b>00</b> Authorization Requests
RCH M N One Way Multi City	ALERTS  TripIt creates a sch Simply connect you  You haven't signed  COMPANY NO	r Concur account to ' up to receive e-recei	Triplt. Connect to Tr	iplt Not right now
airport or train station Find an airport   Select multiple airports ort or train station Find an airport   Select multiple airports Search	Concur Travel Live Concur Expense Q Concur Travel Tech Book Reservations SOG@travelinc.cor	Training and Tips - uestions - Contact unical Support -Call via a Travel Consu	your Concur Exp Travel Inc. Onlin	e Technical Supp
Show More	MY TASKS	ed Approvals 🍑	00	Available Exper
nave no upcoming trips.	Great! You currently h		You currentle	y have no available



Click on "Create New Report"

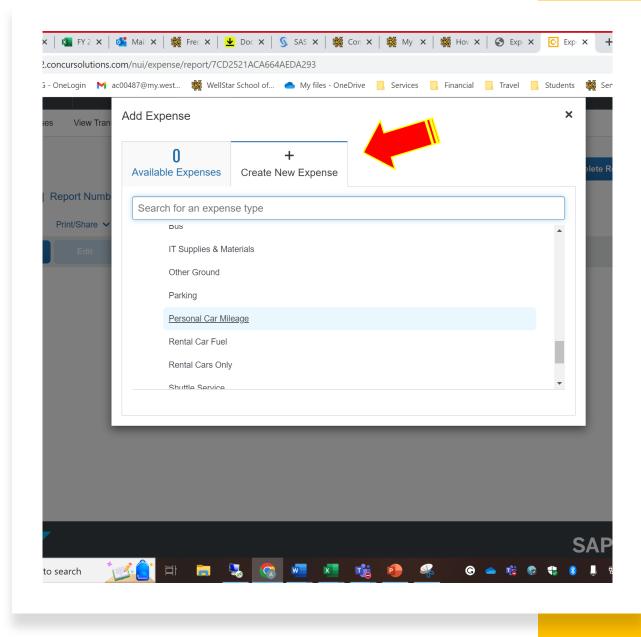
#### Fill out every box that has a red asterisk

SAP Concur C Requests Travel	Expense	Approvals App Center		Help Profile 🔻 💄	
Report Header					× ^
February Clinical Mileage \$36.68					
					* Required field
Report Date	Repo	rt Name (Destination and Travel Dates) *		Policy	
02/15/2023	E Feb	oruary Clinical Mileage		University System Policy	
Trip Start Date *	Trip E	ind Date *		Purpose of Trip *	
02/01/2023		28/2023		NURS XXXX Clinical Visit	
Trip Type *	Repo	rt Currency		Approval Status	
		, Dollar		Not Submitted	
Payment Status	Snee	d Chart	2		
Not Paid		<ul> <li>HHS-Nursing (07052)</li> </ul>			
Comment		4 h			
Name of course (NURS XXXX) and name of hospital visitin	g - Does no	t have an on-campus office.			
Travel Allowance					
Select if you have travel and require lodging, meals, or incidental travel allowances.					
Yes, I require Travel Allowance     No, I do not require Travel Allowance					
<ul> <li>No, I do not require traver Allowance</li> </ul>					-
Travel Policy					
eadership Circle 1.docx 🔨					Show all

- Report Date
- Trip Start Date First day of the Month
- Trip End Date Last day of the month
- Purpose of Trip Class Name and Clinical Visit
- Trip Type Domestic
- Travel Allowance No, I do not require a Travel allowance
- Comment List the name of the course and hospitals visiting.
  - Must include "Does not have an oncampus office"

#### Adding Expenses

- Hit the blue "Add Expense" button
- Scroll or type "Personal Car Mileage" in search box

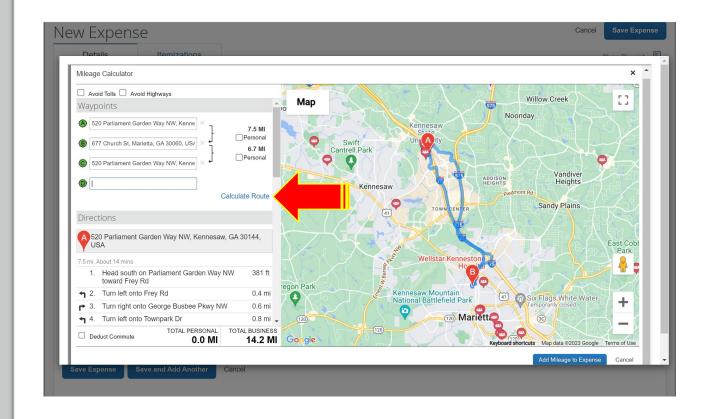


SAP Concur C Requests	Travel Expense Approvals	App Center		Help Profile 👻 💄
Manage Expenses View Transact	ions Cash Advances			
ew Expense				Cancel Save Expense
Details Itemiz	ations			Show Receipt
🖳 Mileage Calculator   🕼	Allocate			
Expense Type *		Transaction Date *	Purpose of	* Required field
Personal Car Mileage		✓ MM/DD/YYYY		y Clinical Mileage
Traveler Type *	From Location *	To Location *	Payment Ty	)
None Selected	•		Out of P	ocket
Comment				
		10		
/ehicle ID *	Distance to Date	Distance *	Number of	Passengers
Kia Rio	♥ 0	0	0	
Amount	Currency	Reimbursement Rates		
0.00	US, Dollar			

Before filling out the boxes click "Mileage Calculator"

#### Entering Your Mileage

- Enter your home address
- Enter the hospital's address
- Hit "Calculate Route"
- Hit "Make Round Trip"
- Hite "Add Mileage to Expense"
- Please note that these instructions only apply to parttime instructors. Full-time faculty must follow a different process.



# Fill out the remaining boxes that have red asterisks

- Transaction Date
- Traveler Type Employee
- Hit "Save Expense"

### Then repeat each step for each travel date

Details Itemization	15			
🗴 Mileage Calculator   🧔 Al	locate			
Expense Type *		Transaction Date *		Purpose of the Trip $^{\star}$
Personal Car Mileage		✔ 02/03/2023		February Clinica
Traveler Type *	From Location *	To Location *		Payment Type
Employee ~ Comment	520 Parliament Garden Way N.	677 Church St, Marietta,	GA 30	Out of Pocket
Comment	·		GA 30	
Comment	Distance to Date	Distance *	GA 30	Number of Passenger
Comment Vehicle ID * Kia Rio ~	Distance to Date		GA 30	
Comment	Distance to Date	Distance *	GA 30	Number of Passenger

## Before you submit your report...

- Please email Amanda Curley at acurley@kennesaw.edu to approve your report before submission or if you have any questions.
- After you get approval, you can hit the orange "Submit Report" button.

