

Internal Operations Manual

SUBJECT: Departmental Travel

NUMBER: 107-03-130

DIVISION: Office of Business Administration

EFFECTIVE DATE: 04-23-02

APPROVED: Original signature on file with the Office of Business Administration

POLICY/PURPOSE: It is the policy of the Department of Administrative Services (DAS) that all departmental travel will be conducted and reimbursed in accordance with the appropriate OAM policies, applicable Oregon Revised Statutes and related DAS internal policies and procedures. Travel reimbursements are subject to all applicable statutes, regulation, bargaining agreements, contracts, policies, procedures and availability of funds.

AUTHORITY: Department of Administrative Services: Oregon Accounting Manual Policy Number 40.10.00.PO and 40.20.00.PO, Risk Management Division Policy 125-7-501, Oregon Administrative Rules 125-155-000 through 125-155-900; and OPEU Collective Bargaining Agreement.

APPLICABILITY: Department of Administrative Services Employees, Job Applicants, Board and Commissions Members and Volunteers.

ATTACHMENTS:

- Exhibit A - Criteria for Pre-Approval of Out-of-State Travel
- Exhibit B - Out-of-State Travel Authorization Form
- Exhibit C - Travel Expense Detail Sheet
- Exhibit D - Request Approval Form to use Employee/Agent Private Vehicle for State Business
- Exhibit E - Warrant Request Form
- Exhibit F - Coding Block Form

GUIDELINES:

- I. **Planning Travel** - When determined an employee will travel on state business the employee will work with the Division Travel Coordinator and provide details pertaining to the business trip. Any exceptions to the standard per diem rates will be documented and requested as "exception to per diem request". When circuit travel (more than one location is visited on a continuous trip) the per diem amount authorized for the last day of official state business determines the per diem rate for the final day of travel.
- II. **Pre-Approval for Travel** - Approval for in-state travel will be either verbal or written from the employee's supervisor (e-mail responses or faxed versions are acceptable). The Division Administrator and the Director of Operations will approve all out-of-state travel prior to official state business trip. The Division Administrator will request approval for out-of-state travel from the Director of Operations via e-mail or hard copy, if Director of Operations is unavailable, approval may be attained from the Office of Business Administrations (OBA) Manager. A copy of the approval for out-of-state travel must be attached to the final expense detail sheet submitted to OBA for reimbursement of travel expenses.

- III. **Prepayments** - After approval is obtained, necessary reservations and/or prepayments are made. Domestic airline ticket purchases shall be charged through the Central Travel Summary Account (CTS account).
- IV. **Performance of Employee Travel** - The employee leaves their official workstation to conduct state business. All original reimbursement receipts for out of pocket costs will be retained by employee to submit with the *Travel Expense Detail Sheet* (Exhibit C).
- V. **Post-Travel Approval and Coding** - After completion of the state business trip a *Travel Expense Detail Sheet* is prepared by the employee and reviewed by the Division Travel Coordinator; it is submitted for Manager, Supervisor or Administrators approval.
- VI. **Post-Travel Audit and Approval** - The division retains a copy of the *Travel Expense Detail Sheet*, sending the original to OBA for review and payment. The DAS Travel Coordinator reviews the *Travel Expense Detail Sheet* for accuracy, completeness and compliance with all statutes, rules, policies and procedures. Any adjustments to a travel reimbursement are presented to the traveler and the division coordinator via e-mail and resolved. *All travel claims will be submitted within the quarter in which the costs were incurred.*
- VII. **Payment for Travel** - The travel reimbursement claim is processed and approved by OBA. The information will be input into the State Financial Management Application (SFMA) by accounting services. Travel claims are reimbursed by warrant; some taxable claims (i.e. moving expenses) shall be reimbursed using the Oregon State Payroll System (OSPS).

PROCEDURE:

A. Planning Travel

<u>Step</u>	<u>Responsible Party</u>	<u>Action</u>
--------------------	---------------------------------	----------------------

- | | | |
|----|--|--|
| 1. | Employee | Contacts their Division Travel Coordinator and provides all travel details of the planned business trip. |
| 2. | Division Travel Coordinator | Assists the employee in making travel arrangement decisions and in the development of a travel budget and itinerary. All Domestic Airfare charges shall be made using the Division's Central Travel Summary Account (CTS) through the State's contracted travel service provider. Contractor may schedule air and ground transportation to meet the arrival/departure times and destinations required by the traveler. While traveling out-of-state employee will arrange for rental car usage through the state contractor. |
| 3. | Employee and Division Travel Coordinator | When vehicle travel is justified, a state-owned vehicle will be used unless travel by a private vehicle is more practical because of cost, efficiency, or work requirements. A signed "Approval to Use Private Vehicle" form (exhibit D) must be on file before an employee may use their private vehicle. |

B. Pre-Approval of Travel

Step	Responsible Party	Action
1.	Division Travel Coordinator	<p>Submit written travel budget and itinerary (e-mail, faxed versions are acceptable) to appropriate Manager, Supervisor or Administrator for review and approval. Apply the following criteria before submitting an <i>Out-of-State Travel Authorization Form</i> (Exhibit A). Requests for out-of-state travel must substantially satisfy one or more of the following criteria for approval.</p> <ol style="list-style-type: none"> 1. Legal - Out-of-state travel will be approved that is necessary to satisfy requirements of state statutes, federal mandates, and contractual agreements. 2. Reimbursed Travel - Reimbursable travel will be approved subject to the policies as outlined in the Oregon Accounting Manual. 3. Financial/HR <ol style="list-style-type: none"> a. When attendance is required to secure a financial gain or avoid a financial loss to state and local governments and its programs or citizens. b. When recruitment process requires in-state interview for highly qualified candidate. 4. State Business <ol style="list-style-type: none"> a. When out-of-state travel is the main integral component of a state service (extradition for example). b. When attendance is necessary to negotiate or make significant decisions affecting the health, public safety, or political interests of state and local governments and its programs or citizens. 5. Training and Education - When mandatory knowledge transfer is essential for program success cannot be deferred, and no other satisfactory means of obtaining the required knowledge is available.
2.	Manager, Supervisor, Administrator and Director of Operations	<p>Review and approve employee travel plan. Acknowledge approval of out-of-state travel by signing and dating the original <i>Out-of-State Travel Request Form</i> (Exhibit B). Send Division approved out-of-state travel request to Director of Operations for final approval (e-mail approval and/or faxed versions are acceptable.)</p>
3.	Division Travel Coordinator	<p>If prepayments are requested, forward original travel plan to OBA Travel Coordinator for processing. If no prepayments are required, send original pre-approved <i>Out-of-State Travel Form</i> (Exhibit B) in at the completion of trip with the original <i>Travel Expense Detail Sheet</i> (Exhibit C)</p>

C. Prepayment Process (DAS) and Travel Payment Arrangements**Step Responsible Party Action**

- | | | |
|----|-----------------------------|--|
| 1. | Division Travel Coordinator | <p>Determine which costs of the trip will be prepaid by DAS.</p> <ul style="list-style-type: none"> • Training and conference registrations • Lodging expenses <p>Submit a <i>Warrant Request</i> (Exhibit E) to OBA for prepayment with the following information and payment instructions:</p> <ul style="list-style-type: none"> • Preauthorization for trip • Name of payee • Taxpayer identification number • Coding instructions • Mailing instructions |
| 2. | Accounting Services | <p>Receives <i>Coding Block Form</i> (Exhibit F) from the Division stating reason for travel prepayment. Process the request according to the provided instructions.</p> |

D. Employee Travel Responsibilities**Step Responsible Party Action**

- | | | |
|----|----------|--|
| 1. | Employee | <p>Conducts state business while on travel status.</p> <p>Retains original receipts and documentation for reimbursable costs not prepaid by the department or outside entity.</p> <p>Retains conference and training registration agendas and brochures, include these documents with travel claim.</p> <p>Car rental costs - obtain final original receipt.</p> <p>Original receipts are required for lodging. Lodging taxes are reimbursed over and above the per diem rates. If the employee is to be reimbursed for a lodging rate above the per diem, original receipts are required accompanied by a written explanation justifying the exception.</p> <ul style="list-style-type: none"> • Itemize expenses on <i>Travel Expense Detail Sheet</i>. Original receipts are required for all travel expenses greater than \$25. Travel expenses of \$25 or less do not need receipts and are to be listed in the miscellaneous expense area of the travel form. |
|----|----------|--|

NOTE: Credit Card Receipts will not be accepted as a substitute for an original Lodging Receipt.

E. Post-Travel Approval and Coding

Step	Responsible Party	Action
1.	Employee and Travel Coordinator	<p>Completes <i>Travel Expense Detail Sheet</i>. Summarizes the costs of the trip by agency object and PCA.</p> <p>Attaches the following items to the sheet:</p> <ul style="list-style-type: none"> • Agenda for conferences and training seminars • Airline Itinerary with traveler's name, flight details, etc. No reimbursement will be made to an employee for airfare • Original conference and training registration receipts paid from the employees' own funds • Original Car rental receipts • Original lodging expense receipts • Original expense receipts over \$25 (taxi fare, etc.) • Copy of approval from Director of Operations for out-of-state travel. • Obtains signature from approving manager/supervisor • Submits completed travel packet to OBA for payment <p>NOTE: If the Travel Award Block (box 24) is not completed, the Travel Expense Detail Sheet will be returned.</p>

F. Post-Travel Audit and Approval and Payment

Step	Responsible Party	Action
1.	DAS Travel Coordinator/ Accounting Services	<p>Receives completed original <i>Travel Expense Detail Sheet</i> and attachments. Reviews the travel claim:</p> <ul style="list-style-type: none"> • Notes the Employment status of the traveler (Department, employee, etc.) • Reviews the official workstation of the employee. • Reviews the work schedule of the employee.

DAS Travel
Coordinator/
Accounting Services
(Continued)

- Reviews all items for sufficiency.
- Car rental receipts –if the state contractor was not used, no reimbursement will be made without written authorization. Insurance options will not be reimbursed for rentals in the United States, US Territories or Canada.
- Original Lodging expense receipt attached and reviewed.
- Original incidental expense receipts over \$25 attached (Hotel shuttle, etc.)
- Warrant is produced and distributed to the employee per division instructions within an average of 10 working days.

State of Oregon

Department of Administrative Services

Criteria for Pre-Approval of Out-of-State Travel

Complete the following form for out-of-state travel criteria, check the appropriate boxes and complete the justification for travel section. Requests for out-of-state travel must substantially satisfy one or more of the criteria for approval. Attach finalized criteria document to the out-of-state authorization form; send completed documents to the appropriate Division Administrator for approval. Division Administrator will forward documents to Director of Operations for final approval.

<input type="checkbox"/>	<p>1. Legal - Out-of-state travel will be approved that is necessary to satisfy requirements of state statutes, federal mandates, and contractual agreements.</p> <p>Justification:</p>
<input type="checkbox"/>	<p>2. Reimbursed Travel - Reimbursable travel will be approved subject to the policies as outlined in the Oregon Accounting Manual and DAS Policy.</p> <p>Justification:</p>
<input type="checkbox"/>	<p>3. Financial/HR – a. When attendance is required to secure a financial gain or avoid a financial loss to state and local governments and its programs or citizens. b. When recruitment process requires in-state interview for highly qualified candidate.</p> <p>Justification:</p>
<input type="checkbox"/>	<p>4. State Business – a. When out-of-state travel is the main integral component of a state service (extradition for example) b. When attendance is necessary to negotiate or make significant decisions affecting the health, public safety, or political interests of state and local governments and its programs or citizens.</p> <p>Justification:</p>
<input type="checkbox"/>	<p>5. Training and Education - When mandatory knowledge transfer is essential for program success, cannot be deferred, and no other satisfactory means of obtaining the required knowledge is available.</p> <p>Justification:</p>

Employee: _____

Date: _____

Manager/Supervisor: _____

Date: _____

Division Administrator: _____

Date: _____

Director of Operations: _____

Date: _____

<p>State of Oregon Department of Administrative Services Out-of-State Travel Authorization</p>														
1. Name of Employee:	2. Date of Request:	3. Division/Work Unit:												
4. Training Related (If yes, attach Agenda): <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Car Rental: \$													
6. Itinerary: Destination (City, State): Est. Departure Date/Time: Est. Return Date/Time:	7. Lodging Rate: Amount per Night \$ Amount of Tax per Night \$ Total per Night \$ Number of Nights X Total \$													
8. Miscellaneous Costs: (Identify Specific Expenses: Taxis, Shuttles, Phone, Etc.) a. \$ b. \$ c. \$														
9. Meals:	10. Estimated Cost of Trip:	12. Status:												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Rate</th> <th style="text-align: left;"># Meals</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td>\$</td> <td></td> </tr> <tr> <td>Lunch</td> <td>\$</td> <td></td> </tr> <tr> <td>Dinner</td> <td>\$</td> <td></td> </tr> </tbody> </table>	Rate	# Meals	Total	Breakfast	\$		Lunch	\$		Dinner	\$		Meals/Lodging: Airfare: Personal Car Miles: Car Rental: Miscellaneous: Total:	Executive Service <input type="checkbox"/> Management Service <input type="checkbox"/> Unrepresented <input type="checkbox"/> Union Represented: <input type="checkbox"/> OPEU <input type="checkbox"/> AFSCME <input type="checkbox"/>
Rate	# Meals	Total												
Breakfast	\$													
Lunch	\$													
Dinner	\$													
11. Purpose of Trip (Be Specific):														
<p>Division Approval – I certify that this trip is necessary and essential to the normal discharge of DAS responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by ORS 292.230, OAM Policy 40.10.00.PO, and DAS Policy.</p>														
13. Supervisor:	Date:													
14. Division Administrator (or Designee):	Date:													

EXHIBIT B

15. Director of Operations (or Designee):

Date:



STATE OF OREGON TRAVEL EXPENSE DETAIL SHEET

[Click here to view instructions on filling out the form](#)

1. Name of Employee		2. Agency		3. Period (Month and Year)	
4. Official Station		5. Division, Work Unit, Cost Center		6. Regular Schedule Work Shift	
				8am-5pm	Other _____ to _____
7. Unrepresented <input type="checkbox"/>		Management Service <input type="checkbox"/>	Executive Service <input type="checkbox"/>	Board/Commission Member <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Bargaining Unit Name <input type="checkbox"/>		Other <input type="checkbox"/>			

8. Date	9. Time of Departure	10. Time of Arrival	11. Description	12. Per Diem/ Hourly Allowance	Individual Meal Reimbursement			13. Lodging	14. Total Meals and Lodging
					Breakfast	Lunch	Dinner		
									0.00
									0.00
									0.00
15. Totals				0.00	0.00	0.00	0.00	0.00	\$0.00

16. (Office Use Only)			17. Date	18. Miscellaneous Expenses Fares, Private Mileage, Room Tax, Telephone, Other Expenses	19. Training Related?	20. Rate Per Mile	21. Private Car Miles	22. Amount
PCA	OBJ	Amount						
						0.365		0.00
						0.365		0.00
						0.365		0.00
Totals		\$0.00				23. Section Total		\$0.00

24. I did/will _____ did not/will not _____ accept travel awards as a result of, or associated with this state business trip. **Initials** _____

Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to , airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

25. REASON FOR TRAVEL: (Be specific.)	26. Grand Total Amount	\$0.00
	27. Travel Advance Amount	
	28. Amount Due Employee/State	\$0.00
	29. Received Training	Conducted Training

I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.	30. Signature of Employee	31. Title _____ Date _____
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the	32. Approved By	33. Title _____ Date _____

approved budget for the period covered and
have been allotted for expenditure.

Department of Administrative Services

Request Approval Form to Utilize Employee/Agent Private Vehicle for State Business Approval Required Prior to Usage of Private Vehicle

To: _____

Date: _____

From: _____

I request approval to use my private vehicle on __/__/__ to __/__/__ for the State of Oregon business purpose of:

Reason for using private vs. state owned vehicle is:

I am () am not () asking for mileage payment. Insurance terms remain the same whether or not mileage payment is requested.

Personal or Private Vehicle Liability. If you authorize your employees to use a personal or private vehicle on state business, he or she is responsible to carry the minimum liability insurance required by law. If employees operate a personal or private vehicle on state business, their personal liability insurance policy is primary and state coverage is excess. If the amount of liability to third parties exceeds their private policy limits, the state will provide excess liability coverage.

The state does not cover collision or comprehensive insurance for personal vehicles. When utilizing a personal vehicle for state purposes, the employee is 100% responsible for collision or comprehensive damage incurred to the vehicle. The Vehicle Rules for State Drivers do not allow employees to use personally owned motorcycles to accomplish state business.

The rationale of having state employees complete a vehicle usage form is for their own knowledge pertaining to state vehicle coverage, and liability protection from the state. Plus, the signed form may give their supervisor/manager a heads up as to who will be using their own vehicle on state business, and committing Division funds when claiming reimbursement for personal vehicle mileage. The signing of the personal vehicle usage document will inform the state employee that their insurance is the first to be used in the event of a vehicle accident. Each Division should keep a copy of the signed form on file. A completed private vehicle usage form would need to be filled out once per year, on a given month, not every trip made by an employee.

If involved in an accident while on Official State Business, I will advise Risk Management Division within 24 hours by calling 503-373-7475.

Requested:

Approved: _____

Employee: _____

Supervisor: _____

Date: _____

Date: _____

Department of Administrative Services
Office of Business Administration

REQUEST FOR WARRANT/TRANSFER - REV REFUND - DEP LIAB REFUND

MARK BOX W OR T
WARRANT/TRANSFER
REVENUE REFUND
DEPOSIT LIABILITY

W	T

FOR OBA USE		PDT
TRAN CODE		
TRAN CODE		
TRAN CODE		
TRAN CODE		

TO _____

DATE: _____

REASON _____

PCA	AGY OBJ	AMOUNT	REF DOC/SFX
_____	_____	_____	_____
_____	_____	_____	_____

REQUESTED BY: _____

APPROVED BY: _____

R*STARS CODING BLOCK

ADPICS ONLY

VENDOR NAME
VENDOR/MAIL CODE
EFFECTIVE DATE
DUE DATE TRAN CODE
SIGNATURES OF AUTHORIZED PURCHASER

INVOICE #
PO NUMBER
RECEIVED DATE
PARTIAL/FINAL

DATE	SIGNATURE	REF DOC# (ENC or AR)	MOD	PCA	AOC	AY	AMOUNT	Invoice #	PROJ #/ PH
TOTAL									
\$ 000.00									

SPECIAL PAYMENT INSTRUCTIONS:

Items in < > are credits to the account.

Office of Business Administration

Contact: _____

If prepared by other than contact person please enter name and phone number:_____