

A blue banner at the top of the slide. On the left is the Alabama State Seal, which is a circular emblem with the word 'ALABAMA' at the top and '1819' at the bottom. To the right of the seal, the text 'Out of State Travel' is written in white. The background of the banner is a blue sky with white clouds and a white contrail from an airplane streaking across it.

Out of State Travel

# **Out of State Travel Training**

**September 13, 2017**

**via**

**Statewide Satellite**

# When Can I Submit Travel Requests?

# **AS SOON AS YOU KNOW!!**

**In order to comply with the Governor's  
Submission guidelines, travel requests must be  
received by Chandra, as follows:**

**MANUAL | 1 – 2 months in advance**

**AUTOMATED | No less than 2 – 3 weeks in  
advance**

# Glossary

# OOS Travel Glossary

**ADPH Travel Liaison:** Point of Contact between ADPH and the Governor's Travel Liaison. Chandra Lewis  
Office | 206-2082  
Cell | 430-7667  
chandra.lewis@adph.state.al.us

**Amendment:** An updated or altered travel request that replaces a previously approved request; and must be manually audited, approved again, and physically signed by the governor's office.

**Automated:** A travel request that does not have extenuating circumstances and can be considered 'routine'. The final approval page will automatically bear the governor's signature.

**Auto After:** A 'routine' travel request that is approved without the governor's signature, requires further audit, and must bear a physical signature by the governor's office.

**Cancel:** This keyword, along with the designated travel code, is used to cancel a submitted travel request if necessary. (i.e. amendment, manual not automated and vice versa, traveler does not travel, etc.)

Send an email with Keyword and Travel Code to Chandra.

**Interdepartmental System:** Lotus Notes Out Of State Travel System for automated travel only. Allows for electronic ADPH tracking and approval of automated travel requests.

# OOS Travel Glossary

**Manual:** A paper travel request that requires audit and physical signatures from traveler, division head, state health officer, and the governor. See cover sheet for stipulations.

**OOS Travel System:** [www.oos.alabama.gov](http://www.oos.alabama.gov) . This site is used by ADPH OOS Travel Liaison to submit automated requests to governor's office. Individual Travel Designees can only use this site to 'Manage Existing Travel'.  
(check status, view/print pre-approvals, view/submit expense forms)

**Reset:** This keyword, along with the designated travel code, is used to reset a completed expense reports in the oos travel system if a mistake has been made. Send an email with Keyword and Travel Code to Chandra.

**Return:** A travel request rejected by the governor's office for any cause.

**Travel Code:** Unique 8-character alpha/numeric identifier for completed, automated travel requests. It is used for the OOS Travel system, Restes, Cancels, etc.  
(manual requests will not have this code and must complete a manual expense report)

**Travel Designee:** Bureau-Specific point of contact responsible for preparing travel requests, entering them into the Interdepartmental System, and/or processing reimbursement and expense forms.

# Release

This keyword, along with the designated travel code, is used to advise the governor's office that a locked travel request is ready to submit expenses.

**Send an email with Keyword and Travel Code to Chandra.**

**NEW**

# The Travel Process



# OOS Travel Process

## Travel Designee:

1. Prepares travel request.
2. Enters Request into Interdepartmental System or submits manual request for approval.

## Interdepartmental System:

1. Automated travel request created and uploaded by travel designee.
2. Reviewed and Approved by Bureau Director, submitted to Administration.
3. Reviewed and Approved by Administration, submitted to State Health Officer.
4. Reviewed and Approved by State Health Officer, submitted to ADPH Travel Liaison in Finance.

## Manual Request:

1. Created by Travel Designee.
2. Reviewed and Physically Signed by Traveler, submitted to supervisor or division head.
3. Reviewed and Physically Signed by Supervisor/Division Head, submitted to Administration.
4. Reviewed and Physically Signed by State Health Officer, submitted to ADPH Travel Liaison in Finance.

## ADPH Travel Liaison:

1. Prints/Receives SHO-Approved travel requests.
2. Audits requests for errors.
3. If necessary, emails Travel Designee to ask traveler to purchase flights and submit itinerary and receipt.  
\*Travel requests with flying as the method of travel cannot proceed for approval without ticketing, even if a 3<sup>rd</sup> party pays
4. Makes electronic copies of approved travel packets for submission.

# OOS Travel Process (cont'd)

5. Enters requests into OOS travel system or send physical manual requests to the Capitol.

## Governor's Office:

1. Receives Agency Approved travel requests.
2. Audits all requests.
3. Makes a determination.

## Determination:

1. Returned – the governor's office has ruled this travel request is not routine and may require further questioning.
2. Approved – the governor's office has no questions regarding the request and has signed it.

## ADPH Travel Liaison:

1. If returned:
  - a. Fields any objections or questions from governor's office.
  - b. May require more information from the Travel Designee or traveler.
2. If approved,
  - a. Gains final signature from State Health Officer.
  - b. Emails Travel Designee to expect hard copies of approval forms in hand mail or to pick them up in Suite 1050.
  - c. Changes travel status in Interdepartmental System.

## Travel Designee:

1. Receives final approval pages.
2. Updates Traveler.
3. Prepares reimbursements.
4. Uses Travel Code to submit expense forms on OOS Travel System.

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Out of State Travel

# Helpful Hints

## Out of State Travel Checklist

Traveler's Name:	Yes	No	N/A
Is the appropriate box marked to indicate the purpose of attending?			
Does memo justify reason for travel?			
<b>NEW - Does memo include traveler's employee ID number, name, and address as it appears in eMap?</b>			
<b>NEW - One or two travelers use parentheses after each name to include this information.</b>			
<b>NEW - More than two travelers, include an attachment with the memo listing each traveler's info.</b>			
<b>NEW - Did you include the ADPH - OOST Form 1 for Number for Travelers?</b>			
Is it necessary to include the Manual Form if the automated system cannot be used?			
Is it necessary for more than one person to attend the meeting or event? Justification must be provided for each person.			
Is travel required by a grant, or is it mandatory for some other reason? Information must be stated in memo.			
Is documentation provided from granting agency indicating the number of staff required to attend?			
Any extenuating circumstances must be described in memo.			
Is personal leave being taken in conjunction with travel? Information must be stated in memo.			
Is trip being paid for by a third party and the travel reimbursement will not be processed through the state system? This must be stated in the memo and the entity must be listed on space 89 on the Out of State Travel Request Form.			
Do you have the following information highlighted in yellow on the agenda? Specific date/time of the start and finish of your participation in state business. <b>Do not include meetings you are not attending, registration time, or other excursions.</b>			
<b>NEW - Do not include all pages of a large agenda. Only submit the first and last page.</b>			
Are all references of meals highlighted in yellow on agenda? This includes meals provided or on your own.			
Did you include the meals expense form?			
Do you have a Google mileage map that includes the physical address from your starting and ending location? <b>Include a mileage map from your work base and home base.</b>			
Is a quote for the cost of airline ticket or car rental included?			
Did you include baggage fees? (If applicable)			
Will travel include in any toll road expenses?			
Do you have the appropriate amount indicated for airport parking? See instructions regarding Request for OOS Travel that was previously e-mailed to you.			
Is quote from hotel attached? This documentation <b>must</b> include the address for the hotel.			
Did you include parking fee for hotel?			
Is a note of explanation provided at bottom of the Out of State Travel Request Form if quote from hotel is more than \$200.00?			
Are conference and registration fees included with proper documentation to support.			
Is a date included for early bird registration or deadline date?			
Have the check boxes been marked that indicates state, federal, or other funds?			
Is funding source indicated?			
Is travel documentation in proper order?			
Completed by:	Date:		
Reviewed by:	Date:		

**VOID**

**REVISED - DO NOT USE THIS FORM!!**

TRAVELER: \_\_\_\_\_

BUREAU/AREA: \_\_\_\_\_

TRAVEL SITUATIONS **AUTOMATED SYSTEM CANNOT** BE USED  
**MANUAL FORM REQUIRED**

**ACCEPTABLE CIRCUMSTANCES**

- \_\_\_\_\_ 1. Out-of-the-Country, Hawaii & Alaska.
- \_\_\_\_\_ 2. Travel is 8 days/7 nights or longer
- \_\_\_\_\_ 3. Transportation: Rental Car
- \_\_\_\_\_ 4. Rural City/Area
- \_\_\_\_\_ 5. Two Different Cities, Airports, Airlines, Hotels
- \_\_\_\_\_ 6. Fly One Way & Drive One Way
- \_\_\_\_\_ 7. Fly into One State & Drive to Another State
- \_\_\_\_\_ 8. In-State Travel & Out-of-State Travel
- \_\_\_\_\_ 9. Home Base Outside of State

**NOT FOLLOWING PREFERRED GUIDELINES – REQUIRES EXPLANATION**

- \_\_\_\_\_ 1. Plane Ticket Price Exceeds **\$900**
- \_\_\_\_\_ 2. Arrive **EARLIER** than standard
- \_\_\_\_\_ 3. Leave **LATER** than standard
- \_\_\_\_\_ 4. Drive to Destination Exceeds **8 hours**
- \_\_\_\_\_ 5. Personal Time Requested
- \_\_\_\_\_ 6. Any **UNUSUAL** Circumstance Not Listed

Why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST ACCOMPANY THE TRAVEL REQUEST TO WHICH IT APPLIES**

## **MANUAL REQUESTS**

**\* Requires 1 Month Advance Submission**  
**or IMMEDIATELY upon receiving notice to travel.**

**\* Requires Plane Tickets with Quotes Only**

**\* Requires Multiple VALID Documentation**

**\* ALL Questions Should Be Asked & Resolved**  
**PRIOR to Travel Arrangements Finalized**

It is the responsibility of each traveler and their agency director to review & know the laws, guidelines & policies as it relates to out-of-state travel.

Any partial or complete expenses incurred without prior approval of the Governor's Office may become the personal responsibility of the traveler.

**Please check ALL the boxes below that apply and attached this form to request:**

\_\_\_ **PERSONAL TIME**

\_\_\_ **Out-of-Country Travel; Alaska, Hawaii, Puerto Rico, US Island Territories**

\_\_\_ **First Class, Business Select Class Airline Tickets**  
Traveler Personally Paying Difference between Economy Fare & Upgrade

\_\_\_ **Flight Non-Availability**  
Applicable to Both Arrival & Departure from Destination City/Airport

\_\_\_ **DRIVING To Destination Over 8 Hours Away**  
Does NOT Apply to Two + State Employees Carpooling on Work Assignment

\_\_\_ **Depart From And/Or Return To Destinations Outside AL Base**  
Applicable to Flying & Driving Requests

\_\_\_ **Travel Method Request Other Than Airline or Vehicle**

\_\_\_ **Lodging Involving Condo, Group Rental, Airbnb, etc.**

\_\_\_ **Any Unusual Circumstance**

## **MANUAL REQUESTS**

**Travel Situations the AUTOMATED System is Not Programmed To Currently Accept  
May Be Submitted Anytime. No Time Restrictions.**

Please check ALL the boxes below that apply and attached this form to request:

### **eMap**

- Not a valid eMap Base Address **(May Require Vendor File Correction)**
- Base Outside of Alabama **(Example: Lives in Columbus, Ga Works in Phenix City, AL)**
- Coming Into Alabama **(Example: Guest Speakers, Trial Witnesses, Etc.)**

### **Dates**

- 7 nights/8 days up to 13 nights/14 days. **(More than 14 Days > Blanket)**

### **Destination**

- Rural Destination **(May Add To AUTO if More Than 3 Going to Same City)**
- Driving to Destination Over 8 Hours Away  
**(This Applies to Two+ State Employees Carpooling on Work Assignment)**
- 2 or More Different Cities Before Returning To Base **(Part 1/Part 2; Blanket)**
- In-State Travel/Out-State Travel **(Connected Not Returning To Base In Between)**

### **Vehicle**

- Rental Car **(Quote of Reservation Required)**
- Use of Taxi & Shuttle From Base in AL
- Meet-Up To Carpool and Split Time as Driver & Passenger  
**(\*ONLY Applicable to Those Requesting Personal Vehicle Mileage Reimbursement)**

### **Airline**

- Airline Tickets Over \$900 **(Excluding Travel Agency Service Fee)**
- 2 Airports **(Separate Locations for Departure/Arrival & Return)**
- Airline Change Flight Ticket (With/Without Fee And/Or Credit)  
**(Documentation Include Original Flight Info)**
- Airfare Includes Preferred Seat AS ONLY SEAT LEFT **(Valid Documentation)**
- Flight Delay Result Overnight Stay (Weather, Mechanical, Technical)
- Red-Eye Flight **(Never Required; May Be a Personal Choice With No Request of Additional Expenses)**
- Fly Into 1 State / Drive To 2 State **(Airport Code Not Assigned To City)**
- Fly One Way/ Drive One Way
- Flying Less than 4 Hours Away **(Ex: ATL; Affects Primarily State Aircraft)**
- Excessive Bag Fees **(UPON RETURN: Requires Additional Information)**

### **Transit**

- Excessive In-Town Transit **(Over \$150) (UPON RETURN with Documentation)**

### **Meals**

- Ticketed Meals for Special Events – Breakfast, Luncheon, Banquets
- Purchase Multiple Meals Through Groceries  
**(Requires Instructions Prior Depart & Upon Return; Valid Documentation)**

Traveler's Name \_\_\_\_\_

Traveler's Bureau of Work \_\_\_\_\_

Method of Travel	
Flying <input type="checkbox"/>	
Airline _____	Ticket Cost \$ _____
Driving <input type="checkbox"/>	
Personal <input type="checkbox"/>	State/Agency Vehicle <input type="checkbox"/>
Funding Source	
<input type="checkbox"/> State _____	<input type="checkbox"/> Federal _____ <input type="checkbox"/> Other _____

Conference Information

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Number of Travelers \_\_\_\_\_

(No more than 4 unless special permission has been granted by the State Health Officer)

Additional Travelers Information

Name \_\_\_\_\_ Bureau \_\_\_\_\_

Name \_\_\_\_\_ Bureau \_\_\_\_\_

Name \_\_\_\_\_ Bureau \_\_\_\_\_

Name \_\_\_\_\_ Bureau \_\_\_\_\_

**Only for more than 1 traveler!!**



### When flying:

- ✓ If business participation begins **before** 5 p.m. travelers may arrive the day before (not to exceed 24 hours)
- ✓ If business participation begins **at or after** 5 p.m., travelers must arrive the **same day** as the business participation begins.
- ✓ If business participation ends **after** 2 p.m., travelers may depart no later than 2 p.m. the following day.
- ✓ If business participation ends **at or before** 2 p.m., travelers must depart the same day and the return flight must arrive the same day.

### When driving 0-4 hours:

- ✓ If business participation begins **before** 2 p.m., travelers may arrive no earlier than 5 p.m. the day before.
- ✓ If business participation begins **at or after** 2 p.m., travelers must arrive the same day and within no more than two (2) hours of business participation.
- ✓ If business participation ends **after** 5 p.m., travelers may depart by 8 a.m. the following day.
- ✓ If business participation ends **at or before** 5 p.m., travelers must depart the same day.

### When driving more than 4 hours:

- ✓ If business participation begins **before** 5 p.m., travelers may arrive no earlier than 5 p.m. the day before.
- ✓ If business participation begins **at or after** 5 p.m., travelers must arrive the same day and within no more than two (2) hours of business participation.
- ✓ If business participation ends **after** 2 p.m., travelers may depart by 8 a.m. the following day.
- ✓ If business participation ends **at or before** 2 p.m., travelers must depart the same day.

**Please note: Registration is NOT business participation.**

The following suggested methods of travel are based on the estimated driving time and distance of the destination, from both home and work bases, as shown by Google Maps:

- 0-4 Hours – Drive
- 4-8 Hours – Drive or fly
- 8+ Hours -- Fly

[Home](#) » [Calculators](#) » [Time Add](#)

### [Time Conversion among Multiple Time Zones](#)

#### Time Add Subtract

Hour:	Minute:	Second:	:	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	:	Times to Add/Subtract
<input type="button" value="Add"/>	<input type="button" value="Subtract"/>	<input type="button" value="Reset All"/>		
<input type="text"/>				: Final Time

For Example:

3:4:43 + 32:51:3 = 35:55:46

#### Time of the Day Calculator

Hour:	Minute:	Second:	:	Time 1
<input type="text" value="12"/>	<input type="text" value="55"/>	<input type="text" value="36"/>	:	Time 2
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	:	
<input type="button" value="Add"/>	<input type="button" value="Subtract"/>	<input type="button" value="Reset All"/>		
<input type="text"/>				: Time Difference

Using 24 hours format, add or subtract the time in a day, and returns the result time in a day. For Example: at 08:22:43, adds 2hr + 41min + 23sec is 11:04:06 in the same day.

at 04:14:29, subtract 20hr - 5min - 32sec is 08:08:57 another day.

# Tips

- I. Tips CANNOT be requested on PRE-APPROVAL.
  - II. Tips can ONLY be applied on EXPENSE form after services performed with receipt documentation.
  - III. Only claim if applicable and circumstances permitted.
  - IV. Must be a written statement on receipt to which the service applies.
- Skycap (if available at airport) OR Airport Shuttle: \$2 - \$3 per large checked bag. Written on airline checked bag fee receipt per airport.
  - Taxi, Uber, Commercial Shuttle: 15% - 20% of fare. Written on taxi/shuttle receipt.
  - Hotel FREE Shuttle: \$2-\$3 per large checked bag. Written on hotel receipt.
  - Hotel Bellhop: \$2 - \$3 per large checked bag upon arrival and/or departure ONLY. Written on hotel receipt.
  - Hotel Maid Service: \$2 - \$3 per night. Cannot claim arrival day/1st night. Written on hotel receipt next to corresponding night(s).
  - Hotel Parking: Self-parking is always the first choice, but if unavailable, 15% - 20% of services. \$2 - \$3 Garage/Valet In/Out services is customary. Written on hotel receipt next to parking charges.
  - Meals: 15-20% (included in daily cap amount & excluding alcohol and tax & tip on alcohol). Written on food payment receipt.

# Meal Time Guidelines

## For Departure & Return Dates Based on Pre-Approval Documentation

(Allowance Is Based on Common Practices & In Relation To  
Time, Distance & Location Stated Above.)

\* May claim **BREAKFAST** (5am-10:30am) if departing from  
work/home base **PRIOR to 6am.**

\* May claim **LUNCH** (10:30-4:00pm) if departing from  
work/home base **PRIOR to 11am.**

\* May claim **DINNER** (4pm-10pm) if returning to work/home  
base **AFTER 7pm**

**\*MEALS CANNOT BE CONSUMED WITHIN 45 MIN. TO 1 HOUR  
OF BASE**

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Out of State Travel

# The Travel Packet

# Travel Pre-Approval Request Packet

- ✓ Form 5 Request for Out of State Travel
- ✓ Memo addressed to State Health Officer, from Area Administrator/Bureau Director
- ✓ Personal Info Insert (name, employee ID, address as reported in GHRs/payroll)
- ✓ Flight Itinerary (highlight dates, travel times, and cost in yellow)
- ✓ Full Agenda (highlight dates and start/end times in yellow)
- ✓ **TWO (2) Google Mileage Maps** \*one from home, the other from work\*
  - Map only, no turn-by-turn directions
  - Both with departure and destination addresses, one-way miles and travel time
- ✓ Hotel Reservation / Quote
- ✓ Meal Allowance \*for destination city\*
  - Link found in Document Library – Finance – Out of State Travel – Meal Expense Rates
- ✓ Conference / Registration Fee Invoice / Bill / Receipt
- ✓ If your Area Administrator / Bureau Director requires additional paperwork, you should always comply with those requests / requirements.

\*Optional – Anticipated transit expenses. ADPH has been instructed to request the maximum allowance of \$150 whenever a traveler anticipates travel expenses. Some bureau directors require printed comparisons for budgeting and cost saving purposes. The comparisons are not a requirement for the Governor but the most reasonable method is expected.

STATE OF ALABAMA  
REQUEST FOR OUT OF STATE TRAVEL

Agency \_\_\_\_\_ Division \_\_\_\_\_ Date \_\_\_\_\_

Dear Governor \_\_\_\_\_ :

Request is respectfully made for authorization to travel to the city of \_\_\_\_\_  
for the purpose of attending a Conference  Meeting  Job Specific  Training  (Agenda Attached )

Home Base City \_\_\_\_\_ Work Base City \_\_\_\_\_ Personal Time Requested/Added? No  Yes  (Add'l Form Req'd)

DRIVE  From: \_\_\_\_\_ to \_\_\_\_\_ Miles (1 way) \_\_\_\_\_ Time (1 way) \_\_\_\_\_ HR \_\_\_\_\_ MIN (Mileage Map)

	Date	Day	Time	Date	Day	Time	Return
FLY <input type="checkbox"/>	Depart Base ↓	↓			↑		Base ↑
FLY OR DRIVE <input type="checkbox"/>	Depart Airport ↓	↓			↑		Airport ↑
	Arrive (F) Airport / City (D)	↓			↑		Leave (F) Airport / City (D)
	First Meeting Begins (Or Welcome Reception)	↓			↑		Last Meeting Ends (Or Closing Banquet)

Mode of Transportation

Car:  Driver \_\_\_\_\_  Passenger \_\_\_\_\_ Round trip Mileage \_\_\_\_\_

Agency Vehicle:  Miles: \_\_\_\_\_ (22 mpg @ \$3.25/gallon)

Motorpool  Mileage: \_\_\_\_\_ \*(\$ 0.47)

Personal  (Explanation) \_\_\_\_\_ Mileage \_\_\_\_\_ \*(\$ 0.535)

Air: Carrier \_\_\_\_\_ Purchased from \_\_\_\_\_ Travel Agency Used  No  Yes

Ticket (w/taxes/fees) \$ \_\_\_\_\_ Travel Agency Service Fee \$ \_\_\_\_\_ Bags \$ \_\_\_\_\_

Airport Parking \$ \_\_\_\_\_ Change Ticket Fee \$ \_\_\_\_\_

Rental: Company \_\_\_\_\_ # of days \_\_\_\_\_ Base quote \$ \_\_\_\_\_ Gas (not pre-pay) \$ \_\_\_\_\_

Size \_\_\_\_\_ (Explanation) \_\_\_\_\_

Transit: (Taxi, Shuttle, Subway, Ferry, etc.) \$ \_\_\_\_\_ Event, Conference Ctr Parking, etc. \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ Business Services (internet, etc.): \$ \_\_\_\_\_

# of nights: \_\_\_\_\_ @ \$ \_\_\_\_\_ + \_\_\_\_\_ % tax - day \$0.00 Daily Parking Fee: \$ \_\_\_\_\_

DATES: Week # 1	SUN	MON	TUE	WED	THU	FRI	SAT
--------------------	-----	-----	-----	-----	-----	-----	-----

DATES: Week # 2	SUN	MON	TUE	WED	THU	FRI	SAT
--------------------	-----	-----	-----	-----	-----	-----	-----

Conference & Registration Fees: Date \_\_\_\_\_ Amt \_\_\_\_\_

Other Expenses: \_\_\_\_\_ Amt \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

Agency/Board State Funds \_\_\_\_\_ % Name: \_\_\_\_\_ Federal Funds \_\_\_\_\_ % Name: \_\_\_\_\_

Other \_\_\_\_\_ % Name: \_\_\_\_\_ Personal Funds: \_\_\_\_\_ %

Employee  Contract  Board Member  Guest

Approved \_\_\_\_\_  
Division Head / Date

Signature \_\_\_\_\_  
Traveler / Date

Approved \_\_\_\_\_  
Agency Director / Date

Name \_\_\_\_\_  
(Please type or print)

Approved \_\_\_\_\_  
Governor / Date

October 2, 2016

**MEMORANDUM**

**TO:** Thomas M. Miller  
State Health Officer

**FROM:** Jeffrey Wright  
Chief Accountant &  
Director, Bureau of Financial Services

**SUBJECT:** Request for Out-of-State Travel

Permission is respectfully requested for Chandra Lewis to attend the 20<sup>th</sup> Annual Out-of-State Travel Training on November 28-30, 2016, in Chicago, Illinois. This mandatory training will cover many topics of interest such as travel request requirements, updated travel allowances and restrictions, funding sources, and federal guidelines that are being implemented nationwide in the upcoming fiscal year.

There is no cost to the state. Travel expenses for the training will be paid by the National Travelers Association. Your favorable consideration is greatly appreciated.

JW/CL  
Attachments



Suzie Q. Traveler  
0000123456  
7310 Eastchase Parkway  
Montgomery, Alabama 36117

- ✓ If multiple travelers are on the same memo, you may list their addresses on one document and submit copies with each travel request or you may prepare separate documents for each. That is a matter of preference but each traveler's personal information must be submitted.
- ✓ The number below the name is the 10-digit employee ID number.
- ✓ The traveler's address must match the address in GHRS.



MY TRIPS BOOK A TRIP FLIGHT STATUS CHECK IN

# BOOK A TRIP

1 2 3 4 5 6 7 8 9 10 11 12

Start Over Flights Passengers Extras Payment

## FLIGHTS

SUN  
27  
MDW

**MGM → MDW**  
05:35 AM 09:45 AM

DL 5128<sup>1</sup>, DL 2120  
4h 10m | 1 STOP

Main Cabin (Q) |  
Main Cabin (Q)  
Changeable / Nonrefundable

Price per Passenger **\$509<sup>76</sup>**

Taxes, Fees and Charges **\$83<sup>44</sup>**

► Details

View Seats

Complete Delta Air Lines [Baggage Information](#)

THU  
01  
DEC

**MDW → MGM**  
10:10 AM 1:31 PM

DL 2120, DL 5102<sup>1</sup>  
3h 21m | 1 STOP

Main Cabin (T) |  
Main Cabin (T)  
Changeable / Nonrefundable

Total Price **\$593<sup>20</sup>**  
USD

► Details

View Seats

Complete Delta Air Lines [Baggage Information](#)

### Earn \$100 Statement Credit and 30,000 Bonus Miles

Apply for the Gold Delta SkyMiles Credit Card from American Express

- \$100 Statement Credit after you use your new Card on a Delta purchase in your first 3 months\*
- 30,000 bonus miles after you make \$1,000 in purchases on your new Card within your first 3 months
- First checked bag free and Priority Boarding on Delta flights\*
- \$0 introductory annual fee for the first year, then \$95 Rates & Fees

[Terms and Restrictions Apply](#)

Statement Credit\*

**-\$100<sup>00</sup>**

Total After Statement Credit

**\$493<sup>20</sup>**  
USD

Yes! I'd like to apply now for a Card and then complete my booking  
 \*Statement credit will be issued approximately 8-12 weeks after making a Delta purchase

[CONTINUE](#)

## TERMS AND CONDITIONS

### GENERAL CONDITIONS OF PURCHASE

You agree to accept all [Fare Rules](#) for each flight, all [Trip Extras Terms & Conditions](#), and all terms in Delta's applicable [Contract of Carriage](#). [Check-in](#) and [Ticket is non-transferable](#). [Risk-Free Cancellation](#) may apply. No contact exists until you receive confirmation that payment was received and processed.

[View Fare Rules, Change & Cancellation Policies](#). This ticket is **changeable / nonrefundable**. Fees may apply.

The value of tickets is in US dollars and is subject to change without notice. We may use separate manufacturing plants for tickets produced on the vendor's end. The amount you are purchasing amounts may vary depending on the rate of exchange at time of manufacture.

Flight times and times may vary and are **subject to change**.

Weight and baggage fees will be assessed and charged at time of check-in. [Baggage fees](#) may be assessed on the basis of service or the quantity of items.

[CURRENCY CALCULATOR](#)

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# THE SAN FRANCISCO-OAKLAND BAY BRIDGE SEISMIC SAFETY PROJECTS

CALTRANS BAY AREA TOLL AUTHORITY CALIFORNIA TRANSPORTATION COMMISSION

Bidder's Conference/Contractor Outreach and Networking Event  
Yerba Buena Island Transition Structure, Contract 2; State Contract No. 0120T4  
Casa de la Vista, 271 Avenue of the Palms, Treasure Island, San Francisco, CA

Thursday, June 14, 2012

Time: 9:00 a.m. – 3:00 p.m.

## Program Agenda

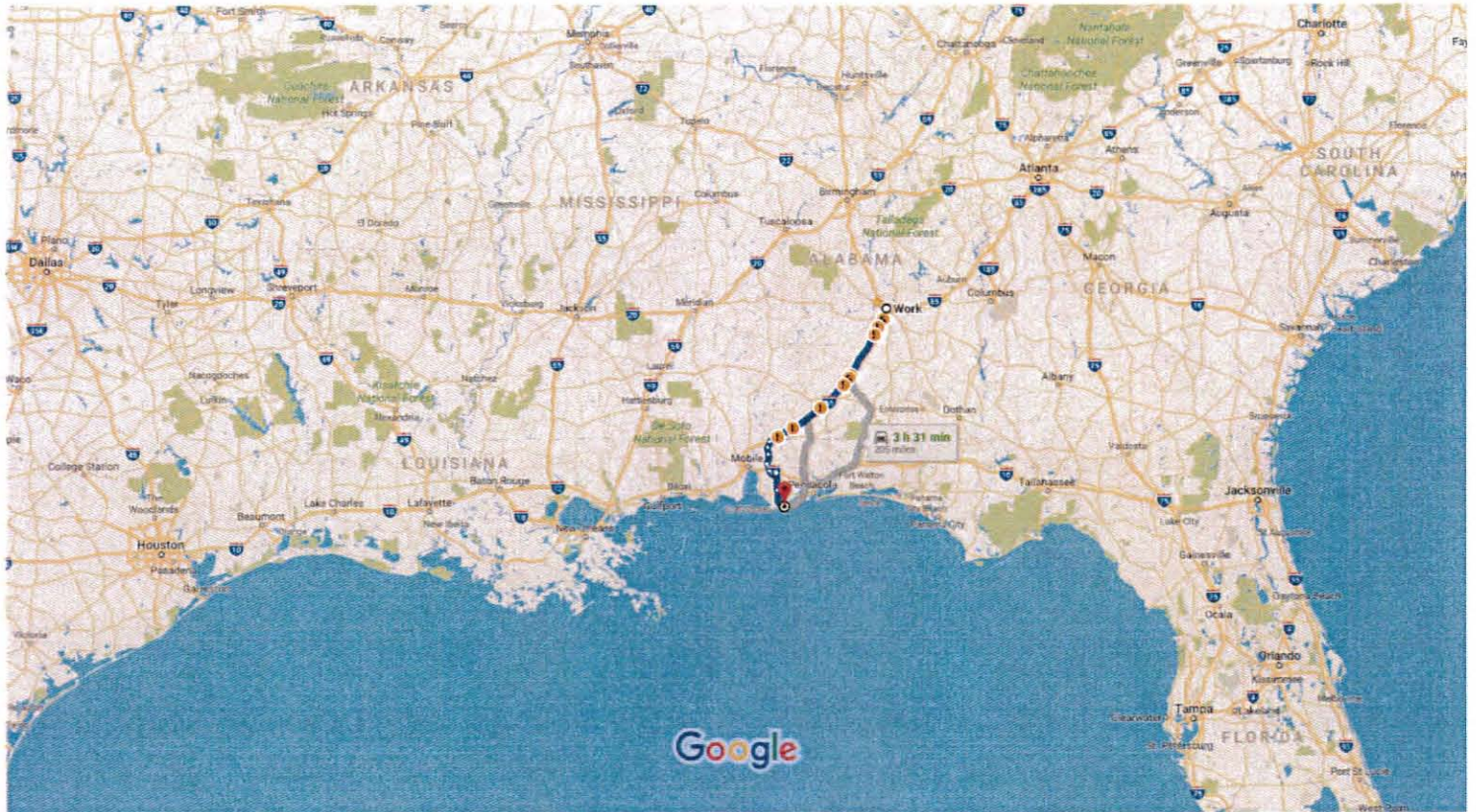
- |   |                         |
|---|-------------------------|
| I. <b>Registration</b> <b>NOT BUSINESS</b>  | 9:00 a.m. – 10:00 a.m.  |
| II. <b>Welcome</b><br><i>Derek J. Pool, P.E., Small Business Manager<br/>Toll Bridge Program</i><br><br><i>Bijan Sartipi, District 4 Director<br/>Caltrans</i><br><br><i>Tony Anziano, Toll Bridge Program Manager</i>  | 10:00 a.m. – 10:15 a.m. |
| III. <b>SFOBB East Span Seismic Safety Project Retrospective</b><br><i>Bart Ney, Public Information Officer<br/>Toll Bridge Program</i><br><br><i>Derek J. Pool, P.E., Small Business Manager<br/>Toll Bridge Program</i>   | 10:15 a.m. – 10:40 a.m. |
| IV. <b>Schedule to Achieve Seismic Safety<br/>and Description of Work to Complete Project</b><br><i>Brian Maroney, Deputy Toll Bridge Program Manager</i>   | 10:40 a.m. – 11:10 a.m. |
| V. <b>Break</b>   | 11:10 a.m. – 11:20 a.m. |
| VI. <b>Design and Specifications</b><br><i>Bob Zandipour, P.E., Senior Engineer<br/>Toll Bridge Design</i><br><br><i>Brian Maroney, Deputy Toll Bridge Program Manager</i><br><br><i>Steve Margaris, P.E., Structures Specifications Manager<br/>Toll Bridge Design</i> | 11:20 a.m. – 12:15 p.m. |
| VII. <b>Lunch</b>   | 12:15 p.m. – 1:00 p.m.  |
| VIII. <b>Question and Answer Session I</b>  | 12:45 p.m. – 1:00 p.m.  |
| IX. <b>Environmental</b><br><i>Stefan Galvez, Environmental Compliance Manager<br/>Toll Bridge Environmental</i>  | 1:00 p.m. – 1:35 p.m.   |
| X. <b>Question and Answer Session II</b>  | 1:35 p.m. – 1:50 p.m.   |
| XI. <b>Closing Remarks</b>  | 1:50 p.m. – 2:00 p.m.   |
| XII. <b>Networking Session</b>  | 2:00 p.m. – 3:00 p.m.   |



Alabama Department of Public Health to 26650 Perdido Beach Boulevard

Drive 196 miles, 3 h 7 min

Jane Smith - Work Base to Hotel

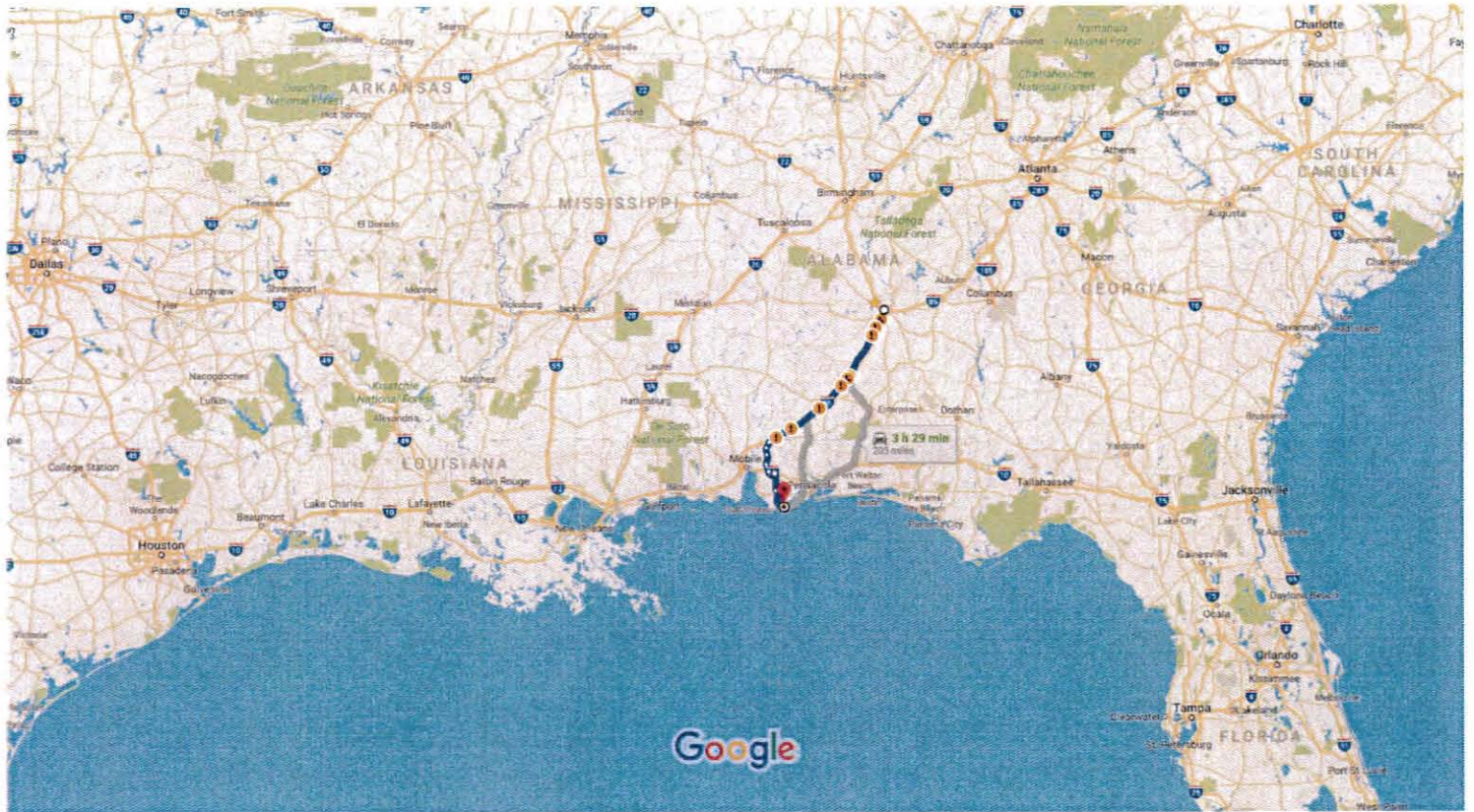


Map data ©2016 Google, INEGI 50 mi



201 Tallapoosa Street, Montgomery, AL to 26650 Perdido Beach Boulevard Drive 195 miles, 3 h 5 min

Jane Smith - Home Base to Hotel



Map data ©2016 Google, INEGI 50 mi



**Indianapolis Marriott Downtown**

Reservation Step 1 of 3

Room(s) held for: 14:18

**Review Reservation Details**

[Continue](#)

**1. Your selection**



Check in: Sunday, November 13, 2016  
 Check out: Thursday, November 17, 2016  
 Room(s): 1  
 Guest(s) per room: 1  
 Room type(s): Guest room, 1 King or 2 Double  
[Edit](#) · [Room details](#)

**2. Your requests**

Make requests for accessibility, early check-in and more.

Another benefit of booking direct on Marriott.com

- Accessibility
- Early check-in
- Rollaway/crib
- Extra towels
- Room location
- Feather-free room

[Make Request](#)

**3. Summary of Charges**

<b>1 room(s) for 4 night(s)</b>		Prices in USD
Sunday, November 13, 2016		219.00
Monday, November 14, 2016		219.00
Tuesday, November 15, 2016		219.00
Wednesday, November 16, 2016		219.00

Total cash rate	876.00
<a href="#">Total taxes and fees</a>	148.92

**Total for stay in hotel's currency 1,024.92 USD**

**Our best rate. Guaranteed.**

[FREE Cancellation](#) You may cancel your reservation for no charge until November 12, 2016 (1 day[s] before arrival). [Learn more](#)

**Additional Charges**

- On-site parking, fee: 40 USD daily
- Valet parking, fee: 45 USD daily
- Changes in taxes or fees implemented after booking will affect the total room price.

## Meal Expenses

### Find Your Meal Rates

Select a state and a primary destination from the boxes below to get your meal rate.

**NOTE:** The \$5 per diem for incidentals found in the GSA Federal CONUS amount has been removed. The State of Alabama pays expenses based on documented receipts.

**State:**


**Destination:**

**Daily Total:** **\$54.00** → Use this rate on your **Request for Out-of-State Travel Form**.

**Breakfast:** \$13.00

**Lunch:** \$15.00

**Dinner:** \$26.00

 Cancel and Exit

[Top](#)

Design by ISD Web Services, Finance Department

# **What's wrong with my travel request?**

**(i.e. Why Did I get this Back?)**



# Major Mistakes

- **Baggage Fees**
- **Airport Parking**
- Business Services
- Final Itineraries vs. Quotes (Different Flights)
- **Flights NOT Adhering to Standard Business**
- Tips (20% cap)
- Finalizing Expense Reports
- Personal Time & Comparison Quotes
- Flying from ATL (including Mileage)
- Supervisors not reviewing and auditing requests
- Previous Year's Forms Used
- **Submission Deadlines**
- Hotel Rates & Resort Fees
- **Business Participation**
- **State Health Officer Signature & Lotus Notes**



Out of State Travel



# Prepaid Travel

## **REQUIRED DOCUMENTS FOR OUT OF STATE TRAVEL PRE-PAID TRAVEL REIMBURSEMENT**

- ✓ Field voucher
- ✓ Form 4: Travel Advance & Prepaid Travel Expenses
- ✓ Out of State Travel Pre-approval
- ✓ Airfare receipt (with cost and itinerary)

**Note:** This is only used for reimbursing airfare before travel begins. No other expenses are allowed for pre-paid travel reimbursement.

Bureau Director/Area Administrator signature is required on Field Voucher.

Traveler and Notary Public date on Form 4 must match. After all signatures and documents are collected, this packet must be sent to ADPH Finance, Attention Chief Accountant, for final "Dept. Approval" signature on Form 4.

All signatures must be present on the pre-approval.

Airfare receipt must show payment and cost.

STATE OF ALABAMA  
STATE HEALTH DEPARTMENT

FIELD VOUCHER

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
To \_\_\_\_\_  
(Payee) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Articles or Services (Itemized)	
<b>TOTAL</b>	

I certify that the items listed on this voucher were purchased and received and/or Service performed in the official business of the Health Department and are approved for payment.

Paid by Voucher Number
---------------------------

\_\_\_\_\_  
AUTHORIZED SIGNATURE

**STATE OF ALABAMA  
TRAVEL ADVANCE & PREPAID TRAVEL EXPENSES**

Officer or Employee Name:                      SSN:                       
Agency Name: Alabama Department of Public Health Agency No. 011  
Dates of Travel: From                      To                     

Expenses:	Travel Advance	Prepaid Expenses:
Per Diem	<u>X</u>	<u>X</u>
Mileage	<u>X</u>	<u>X</u>
Lodgings	<u>X</u>	<u>X</u>
Meals	<u>X</u>	<u>X</u>
Conference Registration	<u>X</u>	<u>X</u>
Commercial Transportation	<u>X</u>	<u>\$ XXX . XX</u>
Other (specify): <u>N/A</u>	<u>X</u>	<u>X</u>
Total:	<u>\$0.00</u>	<u>                    </u>

- I (the traveler), agree to file a travel expense claim within seven working days from the date of return from my trip.
- I (the traveler), agree to reimburse the State of Alabama for pre-payment of travel expenses or advance travel made to me or on my behalf in the event the trip was not made due to personal reasons.
- All prior travel advances made to me (the traveler) have been settled.
- I (the traveler) authorize the State of Alabama to withhold from any compensation due to me, any and all amount of the advance travel or prepaid expenses paid on my behalf that have not been settled timely, or that are outstanding upon termination from State services.

I certify that the above is true and correct and/or agree with the above, and that the amounts advanced to me or expenses prepaid on my behalf are for travel or official State business and do not exceed my bi-weekly salary.

\_\_\_\_\_  
Date                                  Dept. Approval                                  Date                                  Traveler's Signature

Sworn to and subscribed before me this day

\_\_\_\_\_  
Date                                  Notary Public



# STATE OF ALABAMA

## Request For Out-of-State Travel

FRMS-5  
Web PDF  
Updated 9/23/15

Agency: Public Health Division: \_\_\_\_\_ Date: 08/15/2016  
(Travel Designee: Chandra Lewis- 206-2082)

Request is made for authorization to travel to: Austin, TX for the purpose of attending a: Conference  
Deep in the Heart of Healthcare: 2016 Annual Conference of the AHFSA

Drive:  Fly:

Leave From: homebase (Montgomery) To: MGM Airport  
eMap: \_\_\_\_\_

Depart Base: Montgomery Sunday 08/21/2016 07:43 AM  
Your First Meeting Begins: Monday 08/22/2016 08:45 AM  
(or Welcome Reception)  
Your Last Meeting Ends: Wednesday 08/24/2016 12:00 PM  
(or Closing Banquet)  
Return Base: Montgomery Wednesday 08/24/2016 09:57 PM

CONUS Daily Maximum:

	Date:	Total:
SUN	08/21	\$54.00
MON	08/22	\$54.00
TUE	08/23	\$54.00
WED	08/24	\$54.00
THUR	08/25	
FRI	08/26	
SAT	08/27	

Meal Total: \$216.00

Car: Personal:  Miles: 24.0 Total: \$12.96

Air: Ticket/Travel Agency Fee: Total: \$498.20  
Bags: Total: \$120.00  
Airport Parking: Total: \$32.00  
Lodging + Parking: Total: \$486.00  
# of nights: 3  
Transit: Intown, Shuttle Taxi, Etc.: Total: \$150.00  
Conference & Registration Fees: Total: \$500.00

**GRAND TOTAL: \$2,015.16**

Employee Agreement:  
I am familiar with both agency and state travel policies and procedures and hereby agree that the requested travel and associated expense reporting will be conducted with those travel policies and procedures.

Agency Director Approval:  
By transmitting the Out-of-State Travel Request Form to the Governor, the Director/Commissioner acknowledges and approves of this travel request. This agency recommends the Governor approve this request.

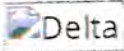
chandra.lewis@adph.state.al.us  
8/15/2016 11:36:14 AM  
TRAVELER REQUESTED APPROVAL

Thomas Miller 8/15/2016  
SUPERVISOR APPROVED  
PER STATEMENT OF TRAVELER  
(Internal Agency Use Only)

*Thomas M. Miller*  
Thomas M. Miller, M.D, State Health Officer  
8/15/2016 1:20:54 PM  
APPROVED

Agency/Board State Funds: \_\_\_\_\_ Name: \_\_\_\_\_  
Federal Funds: 100.0% \$2,015.16 Name: CMS  
Other: \_\_\_\_\_ Name: \_\_\_\_\_  
Personal Funds: \_\_\_\_\_  
Employee  Contract  Board Member  Guest

*Robert Bentley*  
Governor



# MGM ▶ AUS

Montgomery, AL to Austin, TX  
SUN, 21 AUG 2016 - WED, 24 AUG 2016

FLIGHT CONFIRMATION #: **F77JSV**

ROUND TRIP | 1 PASSENGER

## FLIGHTS

**Flight DL 5244** Operated by: ExpressJet DBA Delta Connection

**SUN, 21 AUG 2016**

6 DAYS FROM DEPARTURE

Find Sky Club Locations:  
Dannelly - MGM  
Hartsfield-Jackson Atlanta Intl - ATL

SEAT: 12C

**MGM** ▶

ON TIME

Airport Map: MGM | ATL

**ATL**

**DEPART: 9:15 AM\***

**ARRIVE: 11:15 AM**

MAIN CABIN (K)

Aircraft: CRJ  
Flight Time: 1hr  
On Time % : N/A  
Miles Flown: 147

**MEAL SERVICE** : Information Not Available  
In-Flight services and amenities may vary and are subject to change.

**BAGGAGE & SERVICE FEES**

PASSENGER STATUS: CONFIRMED

LAYOVER IN ATLANTA, GA 1HR 34M

**Flight DL 881**

**SUN, 21 AUG 2016**

6 DAYS FROM DEPARTURE

Find Sky Club Locations:  
Hartsfield-Jackson Atlanta Intl - ATL

SEAT: 31C

**ATL** ▶ **AUS**

ON TIME

Austin-Bergstrom International - AUS

**DEPART: 12:49 PM\***

**ARRIVE: 2:10 PM**

MAIN CABIN (K)

Airport Map: ATL | AUS

**MEAL SERVICE** : Information Not Available

In-Flight services and amenities may vary and are subject to change.



Aircraft: MD-90  
Flight Time: 2hr 21m  
On Time % : N/A  
Miles Flown: 811

**BAGGAGE & SERVICE FEES**

PASSENGER STATUS: CONFIRMED

8/15/2016

Print My Trips

WED, 24 AUG 2016

9 DAYS FROM DEPARTURE

Find Sky Club Locations:

Austin-Bergstrom International - AUS

SEAT: 30B Hartsfield-Jackson Atlanta Intl - ATL

AUS -> ATL

ON TIME

DEPART: 2:50 PM\*

ARRIVE: 6:14 PM

MAIN CABIN (V) Airport Map: AUS | ATL

Aircraft: MD-90

Flight Time: 2hr 24m

On Time % : N/A

Miles Flown: 811

MEAL SERVICE: Information Not Available



In-Flight services and amenities may vary and are subject to change.

PASSENGER STATUS: CONFIRMED

BAGGAGE & SERVICE FEES

LAYOVER IN ATLANTA, GA 3HR

Flight DL 5308

Operated by: ExpressJet DBA Delta Connection

WED, 24 AUG 2016

9 DAYS FROM DEPARTURE

Find Sky Club Locations:

Hartsfield-Jackson Atlanta Intl - ATL

SEAT: 11C Dannelly - MGM

ATL ->

ON TIME

MGM

Airport Map: ATL | MGM

Aircraft: CRJ

MAIN CABIN (V) Flight Time: 56m

On Time % : N/A

Miles Flown: 147

MEAL SERVICE: Information Not Available

In-Flight services and amenities may vary and are subject to change.

PASSENGER STATUS: CONFIRMED

BAGGAGE & SERVICE FEES



PASSENGER INFORMATION

1

eTicket #0062351411093

NAME	FLIGHT	SEATS	TRIP EXTRAS	SPECIAL SERVICE REQUESTS
	MGM -> ATL	12C Main Cabin (K)		
	ATL -> AUS	31C Main Cabin (K)		
	AUS -> ATL	30B Main Cabin (V)		
	ATL -> MGM	11C Main Cabin (V)		

Complete Delta Air Lines Baggage Information

Baggage fees will be assessed at the time you check in.

and charged at time of check-in. Baggage fees may change based on the class of service or





Date of Purchase: Jul 25, 2016

Montgomery, AL ► to Austin, TX

Passenger Information

Confirmation Number: F77JSV  
Ticket Number: 0062351411093

## FLIGHT

Date and Flight	Status	Class	Seat/Cabin
MGM ► ATL   Sun 21Aug2016   EV 5244	OPEN	K	
ATL ► AUS   Sun 21Aug2016   DL 881	OPEN	K	
AUS ► ATL   Wed 24Aug2016   DL 881	OPEN	V	
ATL ► MGM   Wed 24Aug2016   EV 5308	OPEN	V	
MGM ► ATL   Sun 21Aug2016   EV 5244	OPEN	K	
ATL ► AUS   Sun 21Aug2016   DL 881	OPEN	K	
AUS ► ATL   Wed 24Aug2016   DL 881	OPEN	V	
ATL ► MGM   Wed 24Aug2016   EV 5308	OPEN	V	

## DETAILED CHARGES

Air Transportation Charges	\$421.40 USD
Base Fare:	
Taxes, Fees and Charges	
<b>Total Price:</b>	<b>\$498.20 USD</b>

Paid With American Express Ending 1004

## KEY OF TERMS

- # - Arrival date different than departure date
- \*\* - Check-in required
- \*\*\* - Multiple meals
- \*\$\$ - Multiple seats
- AR - Arrives
- B - Breakfast
- C - Bagels / Beverages
- D - Dinner

- F - Food available for purchase
- L - Lunch
- LV - Departs
- M - Movie
- R - Refreshments, complimentary
- S - Snack
- T - Cold meal
- V - Snacks for sale

Check your flight information online at [delta.com](http://delta.com) or call the Delta Flightline at 800.325.1999.

Baggage and check-in requirements vary by airport and airline, so please check with the operating carrier on your ticket.

Please review Delta's [check-in requirements](#) and [baggage](#) guidelines for details.

You must be checked in and at the gate at least 15 minutes before your scheduled departure time for travel inside the United States.

You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel.

For tips on flying safely with laptops, cell phones, and other battery-powered devices, please visit <http://SafeTravel.dot.gov>

Do you have comments about service? Please [email](#) us to share them.

## NON-REFUNDABLE / CHANGE FEE

When Using Certain Vouchers To Purchase Tickets, Remaining Credits May Not Be Refunded. Additional Charges And/Or Credits May Apply And Are Displayed In The Sections Below.

This Ticket Is Non-Refundable Unless Issued At A Fully Refundable Fare. Any Change To Your Itinerary May Require Payment Of A Change Fee And Increased Fare. Failure To Appear For Any Flight Without Notice To Delta Will Result In Cancellation Of Your Remaining Reservation.

All Delta Comfort+™ And Preferred Seats Are Nonrefundable.



Out of State Travel



# Reimbursements

## **REQUIRED SUPPORTING DOCUMENTS FOR OUT OF STATE TRAVEL REIMBURSEMENT**

- ✓ Completed Statement of Official Out of State Travel Form (Reimbursement form)
- ✓ Out of State Travel Pre-approval (**ALL FOUR SIGNATURES REQUIRED**)
- ✓ Agenda
- ✓ Complete airline receipt [with full itinerary: how traveled (economy), destination (to and from), amount paid, payment type, zero balance]
- ✓ Airline bag receipts (notate sky cap tips on receipts – up to \$3 per large bag)
- ✓ Lodging receipt (notate hotel parking tips up to 20% of parking bill or \$2-3 per in/out, bellhop tips up to \$3 per large bag, and housekeeping tips \$2-3 per day on bill on their respective dates).
- ✓ Conference/registration fee receipt
- ✓ Airport parking, hotel parking, event parking, toll road receipts
- ✓ In-town Transit/Rental receipts (notate transit tips on receipts up to 20% of total transit cost or up to \$3 for free shuttle)
- ✓ Mileage map \*\* Only if manually approved **AND** personal vehicle miles are requested for reimbursement. \*\*
- ✓ Meal receipts
  - Snacks are not eligible for reimbursement.
  - Exceptions require a brief written justification and the signature of traveler. For example: “Only a bottle of water was purchased for lunch since I am on a strict meal regimen. – *Travis T. Traveler*”
  - Meal reimbursement requests with **missing or incomplete** receipts should be requested using the Missing Meal Receipt Form (Document Library – Finance – Out of State Travel – Receipt Missing for Out of State Travel Reimbursement).
  - A complete receipt must :
    - have restaurant name, address, phone number, and date of meal;
    - be itemized with detail of meal/beverages;
    - show total cost AND payment;
    - be for one person only;
    - not have alcoholic beverages. If there is alcohol on a receipt, it must be blacked out and its total cost including taxes must be deducted from the grand total.

**Note:** Original documents + one copy is required. If not submitted in proper order, the reimbursement packet will be returned to sender.

### STATE OF ALABAMA Statement of Official Out of State Travel

Department/Agency \_\_\_\_\_ Code Number \_\_\_\_\_ Division \_\_\_\_\_ Funds \_\_\_\_\_

Name of Traveler \_\_\_\_\_ Social Security Number \_\_\_\_\_ Official Station or Base \_\_\_\_\_

Address of Traveler (including street, city, state, and zip code) \_\_\_\_\_ Purpose of Travel \_\_\_\_\_

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

I Hereby Certify That the Within Account in the Amount of \_\_\_\_\_ is correct, due, and unpaid.

APPROVED: \_\_\_\_\_  
Departmental \_\_\_\_\_

Signature of Payee \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

**RECAPITULATION OF EXPENSES**

Travel Expenses	Amount	Emergency and Necessary Expenses Incurred in Connection with Travel	Amount
Commercial Transportation (incl rental car/gas) 0400-02		Total other expenses such as postage, fax, telephone, parking, baggage, handling, tolls, conference registration, etc	
Mileage, private car 0400-01			
Meals and lodging 0400-03			
<b>SUBTOTAL TRAVEL EXPENSES</b>		<b>GRAND TOTAL TRAVEL EXPENSES</b>	

**ITEMIZED STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR PERIOD \_\_\_\_\_ TO \_\_\_\_\_**

Date mm/dd/yy	Points of Travel		Hour of Depart/ Return	Private Car Miles / Fare Description	Commercial Fare Amount	SUBSISTENCE			Total Meals	Lodging	Total Meals & Lodging	Necessary Expense & Conference Registration	
	From City/State	To City/State				Breakfast	Lunch	Supper				Detail	Amount

Manual Expense Report for Manual Travel Request

**STATE OF ALABAMA**  
**Statement of Official In-State Travel for Reimbursement of Actual Expenses**

DEPARTMENT OF PUBLIC HEALTH \_\_\_\_\_ Code Number \_\_\_\_\_ Division \_\_\_\_\_ Fund \_\_\_\_\_ Agency \_\_\_\_\_ Organization \_\_\_\_\_ Site/Cost Code \_\_\_\_\_

Name of Traveler \_\_\_\_\_ Social Security Number \_\_\_\_\_ Official Station or Base \_\_\_\_\_

Address of Traveler (Including street, city, state, & zip code) \_\_\_\_\_ Purpose of Travel \_\_\_\_\_

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

I Hereby Certify That the Within Account in the Amount of \$ \_\_\_\_\_ is correct, due and unpaid. The authority to receive actual expense are based on the following:

Attendance of Conference for National Organization in which State is a dues paying member. \_\_\_\_\_  
 Name of Organization \_\_\_\_\_

Other: \_\_\_\_\_

Signature of Payee \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

APPROVED:  
 \_\_\_\_\_  
 Departmental

**RECAPITULATION OF EXPENSES**

Travel Expenses	Amount	Emergency and Necessary Expenses Incurred in Connection with Travel	Amount
Commercial Transportation (incl. rental car/gas) 0300-02		Total other expenses such as postage, fax, telephone, parking, baggage handling, tolls, registration fees, etc.	
Mileage, private car 0300-01			
Meals and Lodging 0300-03			
<b>SUBTOTAL TRAVEL EXPENSES</b>		<b>GRAND TOTAL TRAVEL EXPENSES</b>	

**ITEMIZED STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR THE PERIOD**

Date mm/dd/yy	Points of Travel		Hour of Depart/ Return	Private Car Miles	Commercial Fair Type	Amount	SUBSISTENCE			Total Meals	Lodging	Total Meals & Lodging	Necessary Expense & Conference Registration	
	From City/State	To City/State					Breakfast	Lunch	Supper				Detail	Amount
<b>TOTALS</b>														

## COMPLETING THE AUTOMATED OUT OF STATE TRAVEL EXPENSE FORM

- ✓ The automated expense form is only replacing the manual form, not the entire packet.
- ✓ Manual pre-approval requires manual expense/reimbursement form. Along with other required documentation, a Google mileage map is required for reimbursement of personal vehicle miles. \*\*This is only a requirement with manual approval and reimbursement.
- ✓ Automated pre-approval requires automated expense form and will reduce wait time for travelers.
- ✓ Automated pre-approval has pre-approval confirmation code, found below the Governor's signature, which is required to access the automated expense form.
- ✓ Pre-approval code must be entered exactly as it appears on the automated approval form.
- ✓ This form is pre-populated based on the original request and the Governor's approval. You must review each item and make adjustments as necessary. Be careful not to request reimbursement when it is not due to the traveler as receipts are required as proof.
- ✓ **Step 1: Travel Information**. Review travel information for accuracy. If incorrect spelling of name or address, contact Anitra immediately. If incorrect person, purpose of travel, or date, check the pre-approval code.
- ✓ **Step 2: Travel Expenses**. Pre-Approved Travel Details gives a brief summary of approved travel arrangements. This summary cannot be adjusted.
- ✓ Step 2: Departing and Returning Time Adjustments. Time can be adjusted but not the date.
- ✓ Step 2: Driving Mileage Adjustments. Mileage may only decrease. If the traveler did not drive, reduce the mileage to **0**.
- ✓ Step 2: Flying Adjustments. If a traveler received pre-paid travel reimbursement, reduce the "adjustment" amount to **\$0** to avoid double compensation. Airline ticket costs may increase up to 30% of pre-approved amount without exceeding \$900. Airline bag fees may increase to include up to \$3 per large bag, both ways. If pre-approved airline bag fees were not used, reduce the "adjustment" to **\$0**. In-town transit may not exceed \$150, including up to 20% tips. Only request reimbursement for the actual in-town transit expenses up to the maximum allowance. Travel agency fee may not exceed pre-approved amount.
- ✓ **Step 3: Meals & Lodging**. Meals plus up to 20% tips may not exceed the pre-approved daily allowance/cap. Each meal box must be adjusted based on the traveler's meal receipts, or lack thereof. The traveler's meal allowance/cap does not change based on time of travel; however, meals purchased outside of the approved travel time will not be reimbursed. Also, the meal allowance/cap does NOT rollover from day to day.

- ✓ Step 3: Lodging costs include hotel parking and business services. Total costs may increase up to 30% of pre-approved amount, including all tips. Tips associated with lodging are: bellhop tips \$2-3 per large bag, housekeeping tips \$2-3 per day, hotel parking \$2 each in/out or up to 20% of parking charges. All tips must be indicated in writing on the hotel bill. Enter daily lodging costs in their respective boxes as they may change daily based on rates, taxes, hidden fees, and/or tips.
- ✓ **Step 4: Parking & Fees**. The conference/registration fee may increase up to 30% of the pre-approved amount. If a conference/registration fee was not pre-approved, it may not be requested for reimbursement. If a fee was requested but the traveler is not responsible for or requesting payment, reduce the amount to **\$0**. Airport parking may not exceed what was pre-approved. Toll road expenses may be claimed as necessary.
- ✓ **\*\*Event (Meter) parking** requires special approval before being submitted to the Comptroller for reimbursement. State Services is a new category that is only intended for rare/uncommon circumstances and requires special approval before being submitted to the Comptroller for reimbursement. **For Meter and State Services**, submit the completed request form to [# \\_\\_\\_\\_\\_ @ \\_\\_\\_\\_\\_](#) along with an explanation of the expense(s) before submitting the request packet for reimbursement to avoid being “green slipped”.

**Always preview the expense form and check each value before finalizing.**

**NOTE:**

**\*\*Pre-approval and a proper receipt** are required for any expense that will be requested for reimbursement. **NO approval = NO reimbursement**. Changes to mode of transportation, flight, and dates must be amended and resubmitted for approval.

**\*\*The automated expense form does not ask for a SSN but it is required by Public Health Finance. Please write/type the traveler’s SSN **only on the copy** of the reimbursement request. You must also write the funding code information in the space provided on the top right of the expense document.**



# STATE OF ALABAMA Request For Out-of-State Travel

Agency: Public Health Division: \_\_\_\_\_ Date: 08/19/2016  
(Travel Designee: Chandra Lewis- 206-2082)

Request is made for authorization to travel to: Boston, MA for the purpose of attending a: Meeting  
2016 NOSORH Annual Meeting

Drive:  Fly:

Leave From: workbase 201 Monroe Street, Montgomery 36104 (Montgomery) To: MGM Airport  
eMap: \_\_\_\_\_, Montgomery, AL 36109

Depart Base: Montgomery Tuesday 09/06/2016 10:02 AM  
Your First Meeting Begins: Wednesday 09/07/2016 08:30 AM  
(or Welcome Reception)  
Your Last Meeting Ends: Thursday 09/08/2016 04:30 PM  
(or Closing Banquet)  
Return Base: Montgomery Thursday 09/08/2016 11:03 PM

### CONUS Daily Maximum:

Date:	Total:
SUN 09/11	
MON 09/12	
TUE 09/06	\$64.00
WED 09/07	\$64.00
THUR 09/08	\$64.00
FRI 09/09	
SAT 09/10	
Meal Total: \$192.00	

Car: Personal:  Miles: 18.0 Total: \$9.72

Air: Ticket/Travel Agency Fee:	Total:	<u>\$706.20</u>
Bags:	Total:	<u>\$50.00</u>
Airport Parking:	Total:	<u>\$24.00</u>
Lodging + Parking:	Total:	<u>\$492.00</u>
# of nights: <u>2</u>		
Transit: Intown, Shuttle Taxi, Etc.:	Total:	<u>\$150.00</u>
Conference & Registration Fees:	Total:	<u>\$325.00</u>

**GRAND TOTAL: \$1,948.92**

*Traveler Signature Required*

chandra.lewis@adph.state.al.us  
8/19/2016 8:41:18 AM  
TRAVELER REQUESTED APPROVAL

*Supervisor Signature Required*

8/19/2016  
SUPERVISOR APPROVED  
PER STATEMENT OF TRAVELER  
(Internal Agency Use Only)

*Thomas M. Miller*  
Thomas M. Miller, M.D., State Health Officer  
8/19/2016 8:55:21 AM

APPROVED

*Robert Bentley*  
Governor

vXfHtd6M 8/19/2016 8:41:18 AM

### Employee Agreement:

I am familiar with both agency and state travel policies and procedures and hereby agree that the requested travel and associated expense reporting will be conducted with those travel policies and procedures.

### Agency Director Approval:

By transmitting the Out-of-State Travel Request Form to the Governor, the Director/Commissioner acknowledges and approves of this travel request. This agency recommends the Governor approve this request.

Agency/Board State Funds: \_\_\_\_\_ Name: \_\_\_\_\_

Federal Funds: 100.0% \$1,948.92 Name: State Office

Other: \_\_\_\_\_ Name: \_\_\_\_\_

Personal Funds: \_\_\_\_\_

Employee  Contract  Board Member  Guest



# MISSING MEAL RECEIPT FORM

TAPE PARTIAL RECEIPT BELOW

Meal: (Choose 1)

\_\_\_\_\_ Meal UNDER \$10 (ACTUAL COST: NOT a per diem)

\_\_\_\_\_ Meal OVER \$10

Receipt: (Choose 1)

\_\_\_\_\_ Missing ITEMIZED portion of receipt

\_\_\_\_\_ Missing PAYMENT portion of receipt

\_\_\_\_\_ Missing TOTAL receipt

Reason: (Choose 1)

\_\_\_\_\_ Lost / Misplaced

\_\_\_\_\_ Restaurant Not Provide

\_\_\_\_\_ Shared Meal / Another has receipt  
(wide usage not recommended)

\_\_\_\_\_ Other

Restaurant: \_\_\_\_\_

City, State: \_\_\_\_\_

\_\_\_\_\_ (Day) (Date) (Time)

Meal (Bfast – Lunch – Dinner): \_\_\_\_\_

Brief Description of Purchase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost: \$ \_\_\_\_\_

Tax \_\_\_\_ %: \$ \_\_\_\_\_

Sub Total: \$ \_\_\_\_\_

Tip \_\_\_\_ %: \$ \_\_\_\_\_  
(Max 20%)

TOTAL: \$ \_\_\_\_\_

(If exceeds cap, claim cap only \$ \_\_\_\_\_)

Payment made by approved traveler: (Choose 1)

\_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit Card

Initial All 3 Lines Below:

\_\_\_\_\_ No ALCOHOL reimbursement requested.

\_\_\_\_\_ Items reimbursed for approved traveler  
only (not shared with any others.)

\_\_\_\_\_ Requesting actual expenses incurred.

\_\_\_\_\_  
(Traveler)

\_\_\_\_\_  
(Supervisor or Travel Designee)

# Out of State Travel

## Welcome

The Governor's Office **Out-of-State Travel Request** website is designed to give automated approval for employees, contract workers, commission/board members and guests travelling in service to the state of Alabama.


Travelers are expected to follow all laws, guidelines and policies provided. Upon successfully completing a travel request, a Confirmation Code will be issued and sent to the email address entered.


[Review this button BEFORE submitting travel:](#)

[Out Of State Travel Information](#)

[State Laws](#) • [Guidelines & Policy](#) • [Training](#)

 **AUTOMATED PROCESS:** Request New Travel

 **AUTOMATED PROCESS:** Manage Existing Travel

 **MANUAL PROCESS:** Requires 1 Month Advance & Quotes

 **MANUAL PROCESS:** Not Programmed For Automated

**\* Travel Training Seminars/Meetings Held In Your Agency\*  
January & February**

**Deadline To Schedule: Friday, January 13th 12:00 noon**

**(Blackout Dates: January 25-31 --- Previously Scheduled Commitments)**

Please note January & February are my available months for additional training.

March (Spring) begins the busy travel season which peaks in Summer

followed by Fall fiscal year-end preparations & responsibilities.

Contact me soon if you would like to schedule.

# Out of State Travel

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Travelers are expected to follow all laws, guidelines and policies provided. Upon successfully completing a travel request, a Confirmation Code will be issued and sent to the email address entered.


[Review this button BEFORE submitting travel!](#)

Out Of State Travel Information

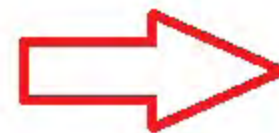
[State Laws](#) • [Guidelines & Policy](#) • [Training](#)

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January & February**

**Deadline To Schedule: Friday, January 13th 12:00 noon  
(Blackout Dates: January 25-31 --- Previously Scheduled Commitments)**

# Out of State Travel

## Manage Your Travel

### Please Enter Your Confirmation Code First

Enter your **Pre-Approval Confirmation Code** below. Your code was emailed to you when you completed the OOS Travel Pre-Approval online form process. The code is also located on your printed copy of the pre-approval form.

✓ Check My Travel Status

📁 Upload or View Your Travel Packet

📄 View or Print Your Pre-Approval Form

📄 View or Print Your Detail Information

🚩 Submit Your Travel Expense Form


📄 View or Print Your Travel Expense Form

# Out of State Travel

## Manage Your Travel

### Please Enter Your Confirmation Code First

Enter your **Pre-Approval Confirmation Code** below. Your code was emailed to you when you completed the OOS Travel Pre-Approval online form process. The code is also located on your printed copy of the pre-approval form.

 **Code is Case-Sensitive**

✓ Check My Travel Status

📁 Upload or View Your Travel Packet

📄 View or Print Your Pre-Approval Form

📄 View or Print Your Detail Information

🚩 Submit Your Travel Expense Form

📄 View or Print Your Travel Expense Form

# Out of State Travel

## Manage Your Travel

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✓ Check My Travel Status

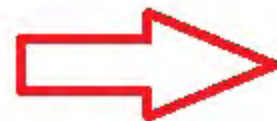
📁 Upload or View Your Travel Packet

📄 View or Print Your Pre-Approval Form

📄 View or Print Your Detail Information

🚩 Submit Your Travel Expense Form

📄 View or Print Your Travel Expense Form



# Out of State Travel Expense Report



## Step 1: Travel Information

We found the following information for the Confirmation Code you entered. If you have returned from your trip and wish to complete your Statement of Official Out of State Travel Expense Report, verify your information and click to go to the next step.




**VERIFY:** Name & Address appears as submitted on pre-approval according to eMap. If it is NOT the same as in eMap please contact your travel designee for instructions to correct. Reimbursements from the Comptroller's Office require the information to match the vendor file and if not it may result in delayed reimbursement.

Department/Agency:	<b>Governor's Office</b>
Division:	
Name of Traveler (as in eMAP):	[REDACTED]
Home Address of Traveler (as in eMAP):	[REDACTED]
Official Station or Base:	<b>Montgomery, AL</b>
Purpose of Travel:	<b>Travel Training Seminar</b>
Start of Travel:	<b>6/24/2015</b>

< Previous Step

If Name and Address are correct (as in eMAP), continue to Next Step >

 Cancel and Exit

Top

# Out of State Travel Expense Report



## Step 2: Travel Expenses

Below are your trip details. This information comes from your Out of State Travel Pre-Approval submission and is displayed for reference.

### Pre-Approved Travel Details

Day	Date	From	To	Time	Personal Car Miles
Wed	6/24/2015	Montgomery, AL	Nashville, TN	12:56 PM	281
Thu	6/25/2015				
Fri	6/26/2015	Nashville, TN	Montgomery, AL	9:34 PM	281
					562 total miles

### Departing and Returning Time Adjustments?

If your actual departure time or return time was different than what you entered on your pre-Approval, enter the actual times below.

Actual Departing time on Wed, 6/24/2015:  :

Actual Returning time on Fri, 6/26/2015:  :

### Driving Mileage Adjustments?

Below are the mileage amounts from your Pre-Approval (as seen above). You may request less or no miles if you do not want reimbursement (enter the number zero for no miles). You cannot enter an amount higher than what was already pre-approved.

Departing on Wed, 6/24/2015: Montgomery, AL to Nashville, TN:  miles

Returning on Fri, 6/26/2015: Nashville, TN to Montgomery, AL:  miles

562 total miles

[← Previous Step](#)

[Save Changes & Continue to Next Step >](#)

[Cancel and Exit](#)

[Top](#)



# Out of State Travel Expense Report



## Step 3: Meals & Lodging

Listed below is each day of your trip. Make any adjustments to the expenditure amounts for meals and lodging.

**MEALS:** May be entered in any amount and combination, just as to not exceed the daily total.

**LODGING:** Hotel Parking & Business Services included in total.

**BELLHOP TIPS:** If applicable, standard is \$2-\$3 per large bag upon arrival/departure. Tips must be indicated on your hotel bill in writing.


**HOUSEKEEPING TIPS:** If applicable, standard is \$2-\$3/day. Tips must be indicated on your hotel bill in writing.

**HOTEL PARKING TIPS:** If applicable, standard is 15-20% of parking charges or \$2 each in/out. Tips must be indicated on your hotel bill in writing.

Date	Bfast	Lunch	Dinner	Daily Total	Lodging
6/24/2015	11.00	16.00	34.00	\$61.00	204.00
6/25/2015	11.00	16.00	34.00	\$61.00	204.00
6/26/2015	11.00	16.00	34.00	\$61.00	0.00

< Previous Step

Save Changes & Continue to Next Step >

 Cancel and Exit

Top

# Out of State Travel Expense Report




## Step 4: Parking & Fees

Make adjustments to the expenditure amounts if needed.

	<u>Pre-approved</u>	
Conference Fee:	\$500.00	<input type="text" value="500.00"/>
Event Parking:	\$0.00	<input type="text" value="0.00"/>
Airport Parking:	\$0.00	<input type="text" value="0.00"/>
Toll Roads:	\$0.00	<input type="text" value="0.00"/>

< Previous Step

Save Changes & Continue to Next Step

 Cancel and Exit

Top

# Out of State Travel Expense Report




## Step 5: Finalize & Print

Click the "Preview" button below to preview your expense report. Please double-check all values on the document before clicking the "Finalize & Print" button which will finalize the expense report and open a PDF expense report document that you may print or save.

Preview

< Previous Step

Finalize & Print

 Cancel and Exit

Top

**STATE OF ALABAMA**  
Statement of Official Out of State Travel

<b>Public Health</b>		<b>Health Provider Standard</b>	
Department/Agency	Code Number	Division:	Funds
<b>Carolyn Andreu (Employee)</b>			<b>Montgomery, AL</b>
Name of Traveler			Official Station or Base
<b>1234 Home St, Prattville AL, 36066</b>			<b>Advanced EMTALA</b>
Address of Traveler (including street, city, state and zip code)			Purpose of Travel

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

APPROVED:

\_\_\_\_\_  
Departmental

I Hearby Certify That the Within Account in the Amount \$1,999.09 is correct, due, and unpaid.

\_\_\_\_\_  
Signature of Payee

**RECAPITULATION OF EXPENSES**

Travel Expenses	Amount	Emergency and Necessary Expenses Incurred in Connection with Travel	Amount
Commercial Transportation (incl rental car/gas) 0400-02	\$1,047.60	Total other expenses such as postage, fax, baggage handling, tolls, conference registration, etc.	\$40.00
Mileage, private car 0400-01	\$24.15		
Meals and lodging 0400-03	\$887.34		
<b>SUBTOTAL TRAVEL EXPENSES</b>	<b>\$1,959.09</b>	<b>GRAND TOTAL TRAVEL EXPENSES</b>	<b>\$1,999.09</b>

ITEMIZATION STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR PERIOD 06/22/2015 TO 06/26/2015 (5 Days)

Day	Date mm/dd/yy	Points of Travel		Hour of Depart/ Return	Private Car Miles/Fare Description	Commercial Fare Amount	SUBSISTENCE			Total Meals	Lodging	Total Meals & Lodging	Necessary Expense & Conference Registration		
		From City/State	To City/State				Bfast	Lunch	Dinner				Detail	Amount	
Mon	06/22/2015	Prattville, AL	MGM Airport	09:45 AM	21								Conf Fee	----	
Mon	06/22/2015	MGM Airport	SAT Airport	04:41 PM	Air Ticket	\$859.20	\$0.00	\$6.78	\$18.91	\$25.69	\$164.50	\$190.19	Event Parking	\$0.00	
Tue	06/23/2015		San Antonio, TX				\$13.45	\$17.89	\$26.78	\$58.12	\$162.50	\$220.62	Airport Parking	\$40.00	
Wed	06/24/2015		San Antonio, TX				\$0.00	\$21.09	\$32.10	\$53.19	\$164.50	\$217.69	Toll Road	\$0.00	
Thu	06/25/2015		San Antonio, TX				\$10.00	\$20.00	\$31.00	\$61.00	\$166.50	\$227.50			
Fri	06/26/2015	SAT Airport	MGM Airport	10:30 AM			\$23.45	\$0.00	\$7.89	\$31.34	-----	\$31.34			
Fri	06/26/2015	MGM Airport	Prattville, AL	07:30 PM	21										
					Bags	\$54.00									
					Transit	\$134.40									
					Agency Fee	-----									
<b>TOTALS</b>						42	\$1,047.60	\$46.90	\$65.76	\$116.68	\$229.34	\$658.00	\$887.34		\$40.00

**STATE OF ALABAMA**  
Statement of Official Out of State Travel

Governor's Office	Code Number	Division:	Funds
Department/Agency			Montgomery, AL
Cheryl L. Fondon (Employee)			Official Station or Base
Name of Traveler			Travel Testing Seminar
1234 Home Street, Montgomery AL, 36117			Purpose of Travel
Address of Traveler (including street, city, state and zip code)			

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

I Hearby Certify That the Within Account in the Amount \$1,638.75 is correct, due, and unpaid.

APPROVED:

\_\_\_\_\_ Departmental

\_\_\_\_\_ Signature of Payee

**RECAPITULATION OF EXPENSES**

Travel Expenses	Amount	Emergency and Necessary Expenses Incurred in Connection with Travel	Amount
Commercial Transportation (incl rental car/gas) 0400-02	\$0.00	Total other expenses such as postage, fax, baggage handling, tolls, conference registration, etc.	\$500.00
Mileage, private car 0400-01	\$323.15		
Meals and lodging 0400-03	\$815.60		
<b>SUBTOTAL TRAVEL EXPENSES</b>	<b>\$1,138.75</b>	<b>GRAND TOTAL TRAVEL EXPENSES</b>	<b>\$1,638.75</b>

ITEMIZATION STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR PERIOD 06/24/2015 TO 06/27/2015 (4 Days)

Day	Date mm/dd/yy	Points of Travel		Hour of Depart/ Return	Private Car Miles/Fare Description	Commercial Fare Amount	SUBSISTENCE			Total Meals	Lodging	Total Meals & Lodging	Necessary Expense & Conference Registration	
		From City/State	To City/State				Bfast	Lunch	Dinner				Detail	Amount
Wed	06/24/2015	Montgomery, AL	Nashville, TN	12:56 PM	281		\$0.00	\$0.00	\$23.51	\$23.51	\$219.76	\$243.27	Conf Fee	\$500.00
Thu	06/25/2015		Nashville, TN				\$0.00	\$12.34	\$26.78	\$39.12	\$239.00	\$278.12	Event Parking	\$0.00
Fri	06/26/2015		Nashville, TN				\$7.34	\$8.23	\$0.00	\$15.57	\$247.67	\$263.24	Toll Road	\$0.00
Sat	06/27/2015	Nashville, TN	Montgomery, AL	09:34 PM	281		\$23.54	\$7.43	\$0.00	\$30.97	-----	\$30.97		
					562		\$30.88	\$28.00	\$50.29	\$109.17	\$706.43	\$815.60		\$500.00

Pre-Approved: TaDMNZvH 06/23/2015 02:15 PM

Final: TaDMNZvH 6/23/2015 2:29:11 PM



# STATE OF ALABAMA Request For Out-of-State Travel

FRMS-5  
Web PDF  
Updated 6/22/15

Agency: Governor's Office Division: \_\_\_\_\_ Date: 06/23/2015  
(Travel Designee: Cheryl Fondon- 353-7510)

Request is made for authorization to travel to: Nashville, TN for the purpose of attending a: Conference  
Travel Testing Seminar Drive:  Fly:

Leave From: workbase 600 Dexter Avenue, Montgomery 36104 (Montgomery) To: 2555 West End Avenue, Nashville, TN 37203

Depart Base: Montgomery Wednesday 06/24/2015 12:56 PM  
Your First Meeting Begins: Thursday 06/25/2015 08:00 AM  
(or Welcome Reception)  
Your Last Meeting Ends: Saturday 06/27/2015 05:00 PM  
(or Closing Banquet)  
Return Base: Montgomery Saturday 06/27/2015 09:34 PM

Car: Personal:  Miles: 562.0 Total: \$323.15

Lodging + Parking + Business services: Total: \$662.40  
# of nights: 3

Conference & Registration Fees: Total: \$500.00

Parking at Event Location: Total: \$0.00

Employee Agreement:

I am familiar with both agency and state travel policies and procedures and hereby agree that the requested travel and associated expense reporting will be conducted with those travel policies and procedures.

Agency Director Approval:

By transmitting the Out-of-State Travel Request Form to the Governor, the Director/Commissioner acknowledges and approves of this travel request. This agency recommends the Governor approve this request.

Agency/Board State Funds: 14.1% \$243.87 Name: \_\_\_\_\_  
Federal Funds: 28.9% \$499.84 Name: \_\_\_\_\_  
Other: 38.3% \$662.42 Name: NGA  
Personal Funds: 18.7% \$323.43

Employee  Contract  Board Member  Guest

CONUS Daily Maximum:

	Date:	Total:
SUN	06/28	_____
MON	06/29	_____
TUE	06/30	_____
WED	06/24	\$61.00
THUR	06/25	\$61.00
FRI	06/26	\$61.00
SAT	06/27	\$61.00

Meal Total: \$244.00

**GRAND TOTAL: \$1,729.55**

Cheryl L. Fondon  
cheryl.fondon@governor.alabama.gov  
6/23/2015 2:15:24 PM  
TRAVELER REQUESTED APPROVAL

John Q. Supervisor 6/16/2015  
SUPERVISOR APPROVED  
PER STATEMENT OF TRAVELER  
(Internal Agency Use Only)

Speaker Seth Hammett, Chief of Staff  
1/1/1900 12:00:00 AM

APPROVED

*Robert Bentley*  
Governor

TaDMNZvH 6/23/2015 2:15:24 PM

**Any  
Questions  
?**