### Voucher for Reimbursement of Travel Expenses Form DH 676

#### **Noteworthy Travel Information**

**General Information** - Vouchers submitted in payment of travel reimbursement requests shall include:

- a) A legible travel voucher;
- b) Itemized legible hotel receipts;
- Applicable/Legible transportation receipts for common carrier travel;
- d) Applicable/Legible incidental receipts;
- e) In the case of a conference or convention, form DFS-AA-13 with benefits to the state shall be provided along with the pages of the agenda that itemizes the registration cost.

When the travel period has ended, the traveler will be required to complete and submit a form DH 676 within ten working days of returning to headquarters.

**General/Transportation** – Agency head shall designate the most economical method of travel for each trip, keeping in mind the following conditions:

- a) The nature of the business.
- The most efficient and economical means of travel (considering time of the traveler, cost of transportation, and per diem or subsistence required).
- The number of persons making the trip and the amount of equipment being transported.

Travelers shall not be paid a mileage allowance from their home to headquarters or field office.

No abbreviations shall be used on the travel voucher.

Voucher for Reimbursement of Travel Expenses guidelines are listed below. Reference the numbers shown on the attached travel voucher.

- Traveler Enter the traveler first, middle initial, and last name with Junior, Third, etc.
- Address Enter the address, city, state, zip code and bin number.
- 3. **Check One** Mark the traveler's employment status.

- Social Security Number (SSN) Enter the last four digits of DOH employees SSN. The complete SSN is required for non-employees/contractors.
- Headquarters Enter the city to which the traveler is currently assigned.
- City of Residence Enter the traveler's city of residence.
- Date Enter the date(s) on which travel was performed.
   Travel period shall match all receipts attached to the travel voucher. Daily travel dates shall be entered in this column.
- Travel Performed from Point of Origin to Destination – Enter the precise city of origin and destination that correspond with receipts and travel performed. No abbreviations.
- 9. Purpose or Reason (Name of Conference) - No abbreviations shall be used in this column. Enter the purpose or reason for travel performed. Enter the name of the conference. convention, workshop or meeting. Travel to a Conference or Convention - A copy of the Authorization to Incur Travel form (DFS-AA-13), with a statement of benefits to the state, pages of the agenda or registration fee form that itemizes the registration fee shall be attached as supporting documentation to the travel voucher. When a meal is included in a registration fee, the meal allowance shall be deducted even if the traveler decides for personal reasons not to eat the meal. A continental breakfast is considered a meal and shall be deducted from the meal allowance or per diem rate if included in the registration fee. The registration form shall be provided when a registration fee is paid and meals are listed on the agenda, but are not deducted from the meal allowance or per diem rate on the travel voucher. Travel to a conference. convention or out-of-state travel, the form DFS-AA-13 shall be completed with all required signatures for each person requesting approval to travel.
- 10. Hour of Departure and Hour of Return Enter hour of departure and return with A.M. or P.M. in this column. Travelers taking personal leave at the end of a trip shall estimate their return time back to official headquarters or residences. Hour of departure and return shall be indicated when map mileage is being claimed for reimbursement.
- 11. Class A and B Meals Class A travel is continuous Travel of 24 hours or more away from the traveler's official headquarters. Class B travel is continuous travel of less than 24 hours which involves overnight absence away from official headquarters. The travel day for Class B travel begins at the same time the travel begins.

## Subsistence for Class A and B travel are as follows:

- a) Breakfast \$6 (When travel begins before 6 A.M. and extends beyond 8 A.M.)
- b) Lunch \$11 (When travel begins before 12 Noon and extends beyond 2 P.M.)
- c) Dinner \$19 (When travel begins before 6 P.M. and extends beyond 8 P.M. or when travel occurs during nighttime hours due to special assignment.)

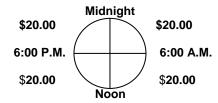
Travelers claiming less than the full meal allowance or per diem rate shall include on his travel voucher a statement that he understands that he is entitled to the full meal allowance provided by law, but has voluntarily chosen to claim a lesser amount. Meals included in a registration fee shall be deducted from the meal allowance or per diem rate and a statement entered on the travel youcher.

Class C Travel – Is a short or day trip in which the traveler is not away from his/her official headquarters overnight. A traveler shall not be reimbursed on a per diem basis nor shall the traveler receive subsistence allowance (meals) while on Class C Travel.

- 12. Per Diem or Actual Lodging Expenses This Column is used to claim the per diem rate or reimbursement of lodging expenses incurred. Do not enter lodging expenses paid with the purchasing card in this column.
  - a) **Lodging** Travelers are reminded that the most economical use of hotel is required when traveling both in-state and out-of-state. Hotel receipts submitted with the travel voucher shall be itemized, legible and showing the payment status. Hotel reimbursements cannot exceed the single occupancy rate. The single occupancy rate shall be provided when hotel rooms are shared with family or friends or when the hotel receipt indicates that two or more guests shared the room. When multiple travelers share a hotel room and the bill is paid by one of the travelers, the other traveler's approved copy of the travel voucher shall be submitted with their travel voucher. Per diem and lodging column shall be for the per diem rate claimed or for the hotel room rate per night and sales tax rate claimed. The other expenses column shall be used for related hotel expenses such as parking, business telephone calls, mandatory safe charges, etc. Hotel room rates exceeding **\$150** per night - Travelers should be prepared to justify situations where hotel costs appear excessive for the areas in which the traveler is staying.

- b) Per Diem or Subsistence Mileage Limits –A traveler shall not claim per diem or lodging reimbursement for overnight travel within 50 miles (one-way) of his headquarters or residence city unless the circumstance necessitating the overnight stay are fully explained by the traveler approved by the agency head and attached to the travel voucher.
- c) Per Diem Per-diem shall be calculated using four six hour quarters beginning at midnight for Class A travel or when Class B travel begins. Travelers may only switch from actual expenses to per diem at midnight while on the same trip. Travelers on Class A or B travel who elect to be reimbursed on a per diem basis is allowed \$20.00 for each quarter from time of departure until the travel period has ended.

#### **Daily Per Diem Clock**

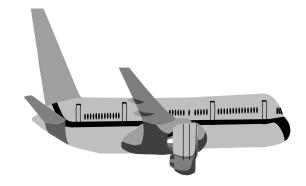


- 13. Map Mileage Claimed--When a privately owned vehicle is used for business related travel, map mileage at a fixed rate of \$0.445 per mile shall be reimbursed. Travelers shall calculate the total mileage claimed out to the third decimal point and round down to the nearest cent when mileage is to be reimbursed. Map mileage claimed shall be from city to city and cannot exceed the total mileage shown on the FDOT Internet Web Page http://www2.dot.state.fl.us/CityToCityMileage/viewer. html or the current total mileage shown on the Florida's Official State Transportation Map issued by FDOT. The Internet Web Sites listed can be used to calculate map mileage when cities are not listed on the Department of Transportation Official Highway Mileage web site. http://www2.dot.state.fl.us/CityToCityMileage/viewer. html http://maps.google.com, http://maps.yahoo.com State Vehicle - If a state vehicle is used, the state vehicle number is required on the travel voucher.
- 14. Vicinity Mileage Claimed When privately owned vehicles are used for business related travel, vicinity Mileage allowance at a fixed rate of \$0.445 per mile shall be reimbursed. Travelers shall calculate the total mileage claimed out to the third decimal point and round down to the nearest cent when mileage is to be reimbursed.
- Other Expenses Enter travel expenses shown below. In this column enter the amount and type of expense.

- Taxi Fares Receipts for taxi fares in excess of \$25 on a per fare basis.
- Storage, Parking Fees or Toll Receipts for storage, parking fees or tolls in excess of \$25 on a per transaction basis.
- c) Communication Expenses A statement that communication expenses were business related. This includes fax charges.
- d) **Maps** Receipts for actual cost of maps necessary for conducting official business.
- e) Registration fees Receipts or cancelled checks required for registration fees paid by the traveler. Registration fees paid by the agency shall be stated on the face of the travel voucher. A copy of the receipt is required for registration fees paid by PCARD.
- f) **Taxi Tip** Tips paid to taxi drivers shall not exceed fifteen percent of the taxi fare.
- g) Mandatory Valet Parking Tip Actual amount paid for mandatory valet parking at the hotel not to exceed \$1 per occasion. Valet parking tips shall not be paid if self parking is available at the hotel.
- Portage Actual portage paid shall not exceed \$1 per bag not to exceed \$5 per incident. The number o bags carried plus number of incidents are required.
- i) Copies A statement that photocopy charges were business related.
- j) Actual Dry-Cleaning, Laundry and Pressing Expenses – When official travel extends beyond seven days and such expenses are necessarily incurred to complete the official business portion of the trip.
- c) Common Carrier Expenses Reference the updated guidelines for In-State Travel Mode of Travel. These guidelines are used in determining the most cost effective mode of travel. (1) Travelers whose transportation is provided by scheduled aircraft shall purchase the airline tickets in accordance with any state term contract for purchase of scheduled aircraft transportation that may be in effect at the time travel is scheduled. Penalties for cancellation of discounted airline tickets may be paid from State funds only if the cause for cancellation is in the best interest of the State, due to illness of the traveler or illness or death of the traveler's immediate family.
- Noncompliance with the state term contract will require written justification on the traveler's Form DH 676. The traveler shall provide an itemized paid airline receipt.
  - (2) Travelers whose transportation is provided by rental vehicles shall make use of any state term contract for rental vehicles that may be in effect at the time of the travel. Travelers are required to use Compact Class B vehicles except when the number of passengers or the volume of

- materials to be transported makes use of a Compact Class vehicle impractical. Travelers will not be reimbursed for use of a car larger than the Compact Class B on the rental car contract because of the size or stature of the individual unless the requirements of the American with Disabilities Act (ADA) are met. Justification required on Form DH 676 for any vehicle rented larger than the Compact Class B vehicle. Gas/Fuel Receipts - Itemized fuel receipts with the name and address of vendor, date and time of purchase, price per gallon, and quantity of fuel purchased and total cost required. The Gas/Fuel Replacement Receipt Form shall be completed for fuel receipts not in compliance with requirements listed.
- m) Direct Bill Common Carrier Expenses Travelers authorized to use direct bill common carrier expenses shall submit their travel voucher within five workdays to the Finance and Accounting office after the travel period ends. Direct bill airfare or rental car shall be indicated on the travel voucher and highlighted.
- n) Limousine Services Should not be used instead of a taxi unless it can be shown and justification provided on the travel voucher that it's the most economical method.
- o) Other Incidentals Expenses Bus, train, etc.
- 16. PCARD Charges— This column is used to enter the purchasing card charges, the amount and type of expenditure required. Copies of all purchasing card receipts are required to be attached to the travel voucher.
- Statement of Benefits to the State (Conference or Convention) – The statement shall be entered here or on the Authorization to Incur Travel Expense form.
- 18. Column Total Form formatted.
- 19. **Summary Total** Form formatted.
- Organization Code (ORG) Enter the ORG code used by your unit.
- 21. Expansion Option (EO) Enter the EO code
- 22. **Version** Enter the correct version (if applicable).
- (OCA) Other Cost Accumulator Enter the other cost accumulator code (OCA).
- Invoice # Travel office use only. Enter the date travel ended.
- Tran Date Travel office use only. If no corrections are required on the travel voucher, enter the signature date of the supervisor. The supervisor signature date cannot

- be more than five work days from when the travel voucher is signed and dated by traveler. When additional information or documentation is required, enter receipt date as the transaction date.
- Object Code Enter the required object code for instate (261XXX), out-of-state (262XXX), foreign (263XXX), travel advance (269000), travel training instate 261800 or travel training out-of state 262800
- 27. Amount Enter the correct dollar amount next to the object code for travel per diem (26X100), meals (26X200), mileage (26X300), lodging (26X400), Airfare (26X500), incidents (26X003), rental cars (26X005), other incidental expenses (26X006), and travel Advances (269000).
- Less Advance Received Enter the travel advance amount received prior to trip.
- 29. Less Non-Reimbursable Items Included On PCARD Deduct any non-reimbursable items charges On the PCARD such as food, personal telephone calls, etc.
- 30. **Net Amount Due Traveler** Form formatted.
- 31. Net Amount due the State Form formatted.
- Traveler's Signature The traveler shall provide his or her original signature. The traveler's signature certifies that the travel claim for reimbursement is true and correct.
- 33. **Signature Date** Date signed by the traveler.
- 34. **Title** Enter the traveler's complete job title.
- 35. Supervisor's Signature The supervisor shall provide his or her original signature. When the supervisor delegates his or her authority to someone else to sign travel vouchers, a letter of delegation shall be provided.
- 36. **Supervisor's Title** Enter the supervisor's complete job title. **No abbreviations.**
- 37. **Signature Date** Date signed by the supervisor.
- 38. **Agency Use** Travel auditors will completed this information.
- 39. **Preparer's Name** The preparer's name or contact name required.
- 40. **Preparer's Phone No.** Enter area code and telephone number in this field.
- 41. **Date Prepared** Enter the date prepared.



# DEPARTMENT OF HEALTH Travel Guidelines



| VO  | UCHER FOR REIMBURSEMENT  | Address                   | (2)                           |  |                          |                                       |                          | _  | HEADQU           | ARTERS              | (5)   |                      |
|---|--|---------------------------|-------------------------------|--|--------------------------|---------------------------------------|--------------------------|--|------------------|---------------------|---|----------------------|
| OF  | IN-STATE TRAVEL EXPENSES   | CHECK ONE: (3)            | OFFICER/EMPLOYEE              | NONEMPLOYE   | E IND.                   | CONTRACTOR                            |                          | OPS  | RESIDEN          |                     | (6)   |                      |
|   | Travel Performed   | Pur                       | pose or Reason                | Hour of  |                          | Meals for                             | Per Diem                 | Мар  | Vicinity         |                     |   |                      |
| DATE  | From Point of Origin   | (Nam                      | ne of Conference)             | Departure  | ,                        | Class                                 | or Actual                | Mileage  | Mileage          | Oth                 | ner Expenses                                | *                    |
|   | To Destination   | (Purchas                  | sing Card Description)        | And Hour o   | of                       | A&B                                   | Lodging                  | Claimed  | Claimed          |                     |   | 9                    |
|   |  |                           |                               | Return   |                          | Travel                                | Expenses                 |  |                  | Amount              | Туре  | PCARD Charges        |
| (7)   | (8)  |                           | (9)                           | (10)   | М                        | (11)                                  | (12)                     | (13)   | (14)             | (15)                | (15)  | (16)                 |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  | +                         |                               |  | M                        |                                       |                          |  |                  | -                   |   |                      |
|   |  |                           |                               |  | M                        |                                       |                          | -  | +                | -                   |   | ļ                    |
|   |  |                           |                               |  | M                        |                                       | +                        | +  | -                | -                   |   |                      |
|   |  |                           | . فر                          |  | M                        |                                       |                          | <del>                                     </del> | +                | +                   |   |                      |
|   |  |                           |                               | -  | М                        | · · · · · · · · · · · · · · · · · · · | 1                        | <del>                                     </del> |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  | -                         |                               |  | M                        |                                       | -                        | -  |                  |                     |   |                      |
|   |  |                           |                               |  | M                        |                                       |                          | <del> </del>                                     | -                | -                   |   | -                    |
|   |  | +                         |                               |  | M                        |                                       | -                        |  | -                | -                   |   |                      |
|   |  |                           |                               |  | м                        |                                       | -                        | -  | <del> </del>     | -                   |   |                      |
|   |  |                           |                               |  | м                        |                                       |                          | 1  | <b>†</b>         |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
|   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
| 1 2 6 1   |  |                           |                               |  | М                        |                                       |                          |  |                  |                     |   |                      |
| atement of B  | Senefits to the State: (Conference or Convention)  | (49)                      |                               |  |                          | Column<br>Total                       | Column                   | 0.44   | Mi.              | Column              |   | Summary              |
|   |  | (17)                      |                               |  |                          | · (18)                                | (18)                     | 0.445 Mi.<br>(18)                                |                  | (18)                |   | <u>Total</u><br>(19) |
|   |  |                           | (26) OBJECT                   | (27) AMOUNT  | (26                      |                                       | (27)AMOUNT               | <del>  ''</del>                                  | 0,               | (10)                |   | (13)                 |
| ł   |  |                           | 261100 Per Diem               | (,   | _                        | 500 Air                               | 1                        | I ESS ADVA                                       | NCE RECEIV       | /FD                 |   | (28)                 |
| RG(2  | (0)  |                           | 261200 Meals                  |  | _                        | 03 Incidental                         |                          |  |                  |                     | LUDED ON PCARD                              | (29)                 |
|   | 1) VR_(22) CF  | OCA_(23)                  | 261300 Mileage                |  | _                        | 05 Rnti Car                           | 1                        | <del>                                     </del> | NT DUE TRAN      |                     |   | (30)                 |
| VOICE #_(   | 24) TRAN DATE (25)   |                           | 261400 Lodging                |  | 261                      |                                       |                          | <del>                                     </del> | NT DUE THE       |                     |   | (31)                 |
| ereby certify on<br>cessary in the<br>distration fees | or affirm and declare that this claim for reimbursement is performance of official duties; that per diem claimed ha claimed by me, and that this voucher conforms in every SIGNATURE: (32) | as been appropriately red | duced by any meals or lodging | included in the convent  | ly incurre<br>tion or co | ed by me as<br>onference              | official business of the | State of Florida                                 | a and was for th | he purpose(s) state | r affirm that to the best of r<br>ed above. | 1833                 |
|   |  | _ TITLE:                  | (34)                          |  |                          |                                       | SIGNATURE DATE           |  | 7.75             |                     |   |                      |
|   | FOR AGENCY USE: (38)   | _11,                      | Advance                       | ACTUAL CONTRACTOR CONT |                          |                                       | DIOTATOTAL D             |  | -                | Name                | (39)  |                      |
| roice No  |  |                           | Warrant No.                   | Preparer's Phone No  |                          |                                       |                          |  |                  |                     |   |                      |
| ucher/SWD No.   |  |                           | Warrant Date                  | Date Prepared (41)   |                          |                                       |                          |  |                  |                     |   |                      |
| Ck./Warrant No.                                       |  |                           | Statewide Doc. No             |  | _                        |                                       |                          |  |                  |                     |   |                      |
| Ck./Warran  | nt Date  |                           | Agency Voucher No             |  |                          | _                                     |                          |  |                  |                     |   | 2                    |

(1)

TRAVELER

STATE OF FLORIDA

(4)

Social Security No.

| TRAVEL PERFORMED BY COMMON CARRIER OR STATE VEHICLE  |  |   |    |        |                             |  |  |  |  |  |
|--|--|---|----|--------|-----------------------------|--|--|--|--|--|
| THIS SECT  | ION REQUIRED TO BE COMPLETED ONLY WHEN | COMMON CARRIER IS BILLED DIRECTLY TO THE STATE AGENCY |    |        |                             |  |  |  |  |  |
| Date   | Ticket Number or                       | From  | То | Amount | Name of Common Carrier or   |  |  |  |  |  |
|  | State Vehicle Number                   |   |    | -      | State Agency Owning Vehicle |  |  |  |  |  |
|  |  |   |    |        |                             |  |  |  |  |  |
|  |  |   |    |        |                             |  |  |  |  |  |
|  |  |   |    |        |                             |  |  |  |  |  |
|  |  |   |    |        |                             |  |  |  |  |  |
| A STATE OF THE STA |  |   |    |        |                             |  |  |  |  |  |
| Benefits accruing to the State of Florida for travel incident to attendance at conferences or conventions:   |  |   |    |        |                             |  |  |  |  |  |
| PAYMENT REQUIREMENTS: Employee travel reimbursement requests have the same processing time and payment requirements as regular vendor invoices, including payment of interest penalties.  If the date on which a travel voucher is received is not properly stamped on the voucher, the date received will default to the date prepared. F.S. 215.422(11)  General Instructions: Travel definitions, allowances, and limitations are detailed in DOH 40APM1, Official Travel of DOH Employees and Non-Employees.   |  |   |    |        |                             |  |  |  |  |  |

#### Purchasing Card Instructions:

Travel charges paid for with the State of Florida Purchasing Card must be itemized in the far right column on the front of this form. These charges are NOT reimbursable. A copy of ALL receipts paid for with the Purchasing Card must be attached to the travel voucher. The original receipt must accompany the Purchasing Card Reconciliation Report.

Non-reimbursable items placed on the Purchasing Card must be deducted from meal allowance and per diem due the traveler.

Obtain paid receipts for all necessarily incurred traveling expenses regardless of exemption.

These items must be itemized in the far right column with the total of the non-reimbursable being deducted in space provided in the lower right of the form.

Travel by Common Carrier requires initials of company be shown under map mileage. Travel by State Vehicle requires the word STATE and vehicle TAB NUMBER be shown under map mileage. Complimentary transportation requires the word COMP under map mileage and/or vicinity mileage.