

Travel Requests 101

City of Melbourne Travel Policy

PURPOSE: To incorporate the terms and conditions for travel by City employees and authorized persons as defined in the City Code, as well as establishing uniform maximum rates and limitations applicable to all Travelers.

Two Types of Travel Forms

**CITY OF MELBOURNE, FLORIDA
TRAVEL EXPENSE REPORT
(CLASS C - NOT REQUIRING OVERNIGHT ABSENCES)**

Class C

For business
mileage only

| DATE | ITINERARY | ODOMETER | | MILEAGE | TRIP LENGTH | | EXPENSES |
|--|-----------|----------------|--------|---------|--------------------|-------------|----------|
| | | BEGINNING | ENDING | | TIME LEFT | TIME RETURN | |
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| | | | | | | | |
| Total Expenses: | | | | | | | \$ |
| METHOD OF TRAVEL () Personal Vehicle () City Vehicle | | Total Mileage: | | | X \$0.535 per mile | | \$ |
| TOTAL REIMBURSEMENT DUE: | | | | | | | \$ |

| | |
|---|---|
| TYPE OR PRINT TRAVELER'S NAME _____ PURPOSE OF TRAVEL: _____ _____ OTHER REIMBURSEMENTS: Were or are you to be reimbursed by another means or source for any part of this trip expense for any other travel performed immediately before, during, or at the end of the travel listed above: <p style="text-align: center;">() Yes () No</p> I certify that the above is a true and correct statement of travel expense incurred in the conduct of City of Melbourne business for public purpose as authorized by law. _____ (Signature of Traveler) _____ (DATE) | PLEASE NOTE: ALL MEAL RECEIPTS AND ADDITIONAL EXPENSE RECEIPTS MUST BE ATTACHED TO THIS REPORT FOR REIMBURSEMENT. ACCOUNT NUMBER: _____ _____ (Signature – Department Head) (Date) _____ (Signature – City Manager) (Date) _____ (Signature – Audit Approval) (Date) |
|---|---|


Class A

For all other travel requests

| CITY OF MELBOURNE, FLORIDA TRAVEL REQUEST & EXPENSE VOUCHER CLASS 'A' TRAVEL | | NAME _____ | |
|---|-----------------------|---|--|
| | | DEPT/DIV _____ | |
| | | ACCOUNT TO BE CHARGED _____ (Org) _____ (Object) | |
| 1. Destination (City and State) _____ | | 4. Purpose of Travel _____ | |
| 2. Date of Departure _____ | | 3. Date of Return _____ | |
| | | Time Travel Began: _____ Time Travel Ended: _____ | |
| | | 5. Check Advance/P-Card Requested in Amount of: \$0.00 | |
| <i>Please attach Agenda/Itinerary and registration, lodging & transportation supporting documentation Travel Expense Policy updated 2/2013</i> | | | |
| 6. Type of Expenses: | | | |
| A. Transportation: | | Advance Type P-Card or Ck | 7. Estimated Cost (Complete this prior to travel) |
| 1.) Airline _____ | | | 11. Actual Cost (Complete this after Travel) |
| 2.) Personal Vehicle \$0.535 per mile _____ | | | |
| 3.) Taxi _____ | | | |
| 4.) Other * _____ | | | |
| B. Lodging _____ Day(s) @ \$ _____ | | | |
| C. Meals BK @ \$8 _____ L @ \$11 _____ D @ \$19 _____ | | | |
| D. Bridge, Toll Road and Tunnel Fees: _____ | | | |
| E. 1.) Registration Fee: _____ | | | |
| 2.) Tuition and/or Textbooks _____ | | | |
| F. 1.) Parking: _____ | | | |
| 2.) Telephone: _____ | | | |
| 3.) Other: * _____ | | | |
| TOTAL | | \$0.00 | \$0.00 |
| | | Less Check Advance/P-Card (Item 5) 12. \$0.00 | |
| * Identify Specific Item _____ | | Difference Due (City) Employee 13. _____ <i>Do Not Submit Cash</i> | |
| 8. I hereby request approval of travel proposed above and agree that an advance travel funds provided to me will be accounted for or returned within 7 days of travel completion. | | 14. I certify that the expenses stated in Item 11 above were incurred by me on City business on the date(s) stated. | |
| Date _____ | Traveler _____ | Date _____ | Traveler _____ |
| 9. Approved By: | | 15. Post Travel Approval | |
| Date _____ | Department Head _____ | Date _____ | Department Head _____ |
| 10. City Manager Approval <i>(Dept. head travel, all travel requests exceeding \$1,000, all travel to non-educational events, receptions, or professional organization meetings which require overnight travel, and all travel requests for out of state travel)</i> | | 16. City Manager Approval <i>(Dept. head travel, all travel requests exceeding \$1,000, all travel to events, receptions, or professional organization meetings which require overnight travel, and all travel requests for out of state travel)</i> | |
| Date _____ | City Manager _____ | Date _____ | City Manager _____ |
| FOR ACCOUNTING USE ONLY | | 17. Audited By: | |
| TAXABLE AMOUNT _____ | | Date _____ | Name _____ |
| NON TAXABLE AMT _____ | | | |
| TOTAL MEALS _____ | RECEIVED BY _____ | | |
| | Payroll _____ | | |

Must be employee's legal name as found in Munis

Employee's Department/Division

| | | | | | | | | |
|---|--|----------------------------|--------------------------------|-----------------------|--|----------------------|--|--|
|  | | CITY OF MELBOURNE, FLORIDA | | NAME | | Timothy Thibert | | |
| TRAVEL REQUEST & EXPENSE VOUCHER | | CLASS 'A' TRAVEL | | DEPT/DIV | | Utilities Operations | | |
| | | | | ACCOUNT TO BE CHARGED | | 61100536-555000 | | |
| | | | | | | (Org) | (Object) | |
| 1. Destination (City and State) | | | 4. Purpose of Travel | | | | 5. Check Advance/ P-Card Requested in Amount of: | |
| Fort Pierce, Florida | | | 2017 Spring State Short School | | | | | |
| 2. Date of Departure | | 3. Date of Return | | Time Travel Began: | | Time Travel Ended: | | |
| 3/13/2017 | | 3/17/2017 | | 7:30 a.m. | | 4:00 p.m. | | |
| | | | | | | \$0.00 | | |

Dates/times of travel must be indicated in order to request meal reimbursements

Org and Object of account to be charged
540000 – Mileage reimbursement not related to training.
555000 – All training related expenses, including registration, airfare, hotel and meals.

Room Sharing:

Same Org/Obj - List the full amount of the room on one employee's form and note on the other's that the room was shared with "employee name".
 Different Org/Obj – Split the cost of the room between the two employees.

Please attach Agenda/Itinerary and registration, lodging & transportation supporting documentation
 Travel Expense Policy updated 2/2013

6. Type of Expenses:

A. Transportation:

1.) Airline _____

2.) Personal Vehicle \$0.535 per mile 100 mi

3.) Taxi _____

4.) Other * _____

B. Lodging 4 Day(s) @ \$ 100

C. Meals 4 BK @ \$8 5 L @ \$11 4 D @ \$19

D. Bridge, Toll Road and Tunnel Fees: _____

E.

1.) Registration Fee: _____

2.) Tuition and/or Textbooks _____

F.

1.) Parking: _____

2.) Telephone: _____

3.) Other: * _____

| Advance Type P-Card or Ck | 7. Estimated Cost (Complete this prior to travel) | 11. Actual Cost (Complete this after Travel) |
|------------------------------|--|---|
| | \$53.50 | |
| P \$400 | \$400 | |
| CK \$163 | \$163 | |
| P \$500 | \$500 | |
| TOTAL | \$1,116.50 | |
| | Less Check Advance/P-Card (Item 5) | 12. |
| | Difference Due (City) Employee | 13. |

5. Check Advance/ P-Card Requested in Amount of:
 \$1,063

*** Identify Specific Item**

Must attach MAPQUEST route showing mileage – Do not estimate mileage!


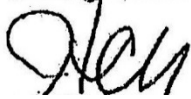
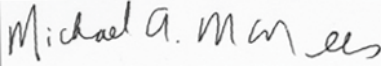
Breakfast: Before 6 a.m. and extends beyond 8 a.m.
 Lunch: Before Noon and extends beyond 2 p.m.
 Dinner: Before 6 p.m. and beyond 8 p.m.

Must complete Check Request to advance funds to the employee – AFTER APPROVAL!
 - Only available for advance amounts over \$100

Do Not Submit Cash

These numbers must match!

Signatures:

| | |
|---|--|
| <p>8. I hereby request approval of travel proposed above and agree that an advance travel funds provided to me will be accounted for or returned within 7 days of travel completion.</p> <p>2/20/17 </p> <p>_____ Date Traveler</p> | <p>14. I certify that the expenses stated in Item 11 above were incurred by me on City business on the date(s) stated.</p> <p>_____ Date</p> <p>_____ Traveler</p> |
| <p>9. Approved By:</p> <p>2/21/17 </p> <p>_____ Date Department Head</p> | <p>15. Post Travel Approval</p> <p>_____ Date</p> <p>_____ Department Head</p> |
| <p>10. City Manager Approval</p> <p><i>(Dept. head travel, all travel requests exceeding \$1,000, all travel to non-educational events, receptions, or professional organization meetings which require overnight travel, and all travel requests for out of state travel)</i></p> <p>2/22/17 </p> <p>_____ Date City Manager</p> | <p>16. City Manager Approval</p> <p><i>(Dept. head travel, all travel requests exceeding \$1,000, all travel to events, receptions, or professional organization meetings which require overnight travel, and all travel requests for out of state travel)</i></p> <p>_____ Date</p> <p>_____ City Manager</p> |
| <p style="text-align: center;">FOR ACCOUNTING USE ONLY</p> <p>TAXABLE AMOUNT _____</p> <p>NON TAXABLE AMT _____</p> <p>TOTAL MEALS _____</p> <p>RECEIVED BY _____ Payroll</p> | <p>17. Audited By:</p> <p>_____ Date</p> <p>_____ Name</p> |

Required Backup Documentation:

- Mapquest showing mileage amount
- Itinerary/travel synopsis (registration fee amount, meals included, etc.)
- Hotel rate estimate




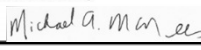
City Manager approval is required for all travel:

- Exceeding \$1,000
- **Non-educational** events, receptions, or professional organization meetings which require overnight travel
- Out of state
- Outside of the United States
- Department Directors

City Manager approval is not required for educational (training) travel that is overnight and under \$1,000.

Do not process any P-Card transactions until travel form has received **ALL** approvals!

Completed Travel Form Pre-Travel

|  CITY OF MELBOURNE, FLORIDA TRAVEL REQUEST & EXPENSE VOUCHER CLASS 'A' TRAVEL | | NAME Timothy Thibert DEPT/DIV Utilities Operations ACCOUNT TO BE CHARGED 61100536 - 555000 (Org) (Object) | |
|---|------------------------------|--|--|
| 1. Destination (City and State) Fort Pierce, FL | | 4. Purpose of Travel 2017 Spring State Short School | |
| 2. Date of Departure 3/13/2017 | | 3. Date of Return 3/17/2017 | |
| Time Travel Began: 7:30 a.m. | | Time Travel Ended: 4:00 p.m. | |
| | | 5. Check Advance/P-Card Requested In Amount of: \$1,063.00 | |
| Please attach Agenda/Itinerary and registration, lodging & transportation supporting documentation Travel Expense Policy updated 2/2013 | | | |
| 6. Type of Expenses: | | | |
| | Advance Type P-Card or Ck | 7. Estimated Cost (Complete this prior to travel) | 11. Actual Cost (Complete this after Travel) |
| A. Transportation: | | | |
| 1.) Airline | | | |
| 2.) Personal Vehicle \$0.535 per mil. 100 mi | | \$53.50 | |
| 3.) Taxi | | | |
| 4.) Other * | | | |
| B. Lodging 4 Day(s) @ \$ 100.00 P \$400.00 \$400.00 | | | |
| C. Meals 4 BK @ \$8.5 L @ \$11.4 D @ \$19 CK \$163.00 \$163.00 | | | |
| D. Bridge, Toll Road and Tunnel Fees: | | | |
| E. 1.) Registration Fee: | P | \$500.00 | \$500.00 |
| 2.) Tuition and/or Textbooks | | | |
| F. 1.) Parking: | | | |
| 2.) Telephone: | | | |
| 3.) Other: * | | | |
| TOTAL | | \$1,063.00 | \$1,116.50 |
| 8. I hereby request approval of travel proposed above and agree that an advance travel funds provided to me will be accounted for or returned within 7 days of travel completion. 2/20/17  Date Traveler | | 14. I certify that the expenses stated in Item 11 above were incurred by me on City business on the date(s) stated. Date Traveler | |
| 9. Approved By: 2/21/17  Date Department Head | | 15. Post Travel Approval Date Department Head | |
| 10. City Manager Approval (Dept. head travel, all travel requests exceeding \$1,000, all travel to non-educational events, receptions, or professional organization meetings which require overnight travel, and all travel requests for out of state travel) 2/22/17  Date City Manager | | 16. City Manager Approval (Dept. head travel, all travel requests exceeding \$1,000, all travel to events, receptions, or professional organization meetings which require overnight travel, and all travel requests for out of state travel) Date City Manager | |
| FOR ACCOUNTING USE ONLY TAXABLE AMOUNT _____ NON TAXABLE AMT _____ TOTAL MEALS _____ RECEIVED BY _____ Payroll | | 17. Audited By: Date Name | |

After employee returns
from travel, complete
post-travel information.

5. Check Advance/
P-Card Requested in
Amount of:
\$1,063

Please attach Agenda/Itinerary and registration, lodging & transportation supporting documentation
Travel Expense Policy updated 2/2013

6. Type of Expenses:

A. Transportation:

- 1.) Airline
- 2.) Personal Vehicle \$0.535 per mile 100 mi
- 3.) Taxi
- 4.) Other *

B. Lodging 4 Day(s) @ \$ 100

C. Meals 4 BK @ \$8 5 L @ \$11 4 D @ \$19

D. Bridge, Toll Road and Tunnel Fees:

E. 1.) Registration Fee:

2.) Tuition and/or Textbooks

F. 1.) Parking:

2.) Telephone:

3.) Other: *

Advance Type
P-Card or Ck

7. Estimated Cost
(Complete this prior to
travel)

11. Actual Cost
(Complete this after
Travel)

TOTAL

\$1,063

\$1,116.50

\$1,121.50

Less Check Advance/P-Card (Item 5)

12. **\$1,063.00**

Difference Due (City) Employee

13. **\$58.50**

Do Not Submit Cash

* Identify Specific Item

These numbers should match!

This is the amount that will be
reimbursed to the employee

Required Backup Documentation:

- Mapquest showing mileage amount –
Do not estimate mileage!
- Toll receipts or Sunpass/Epass report with
tolls highlighted
- Hotel receipt showing payment – not
reservation confirmation.
- No sales tax charged for in state travel.
- No receipts for meals, unless on P-Card.
- Receipt for payment of registration fee.

Please attach receipts in the same order as listed on the travel form.

Rule of thumb: Finance needs to see how each item was paid for. If you paid for it, you must attach a receipt.

For multi-day travel you
must complete a travel
expense voucher/
worksheet

Must be employee's legal name as found in Munis

CITY OF MELBOURNE

WORK SHEET - TRAVEL EXPENSE VOUCHER

(All accounts to be submitted within 7 days of completion of travel)

Expenses for (Name) Timothy Thibert for travel to (Destination) 2017 Spring State Short School (Fort Pierce, FL)

| DATE | A TRANSPORTATION | | | B LODGING | C MEALS (Inc. Tips) | | | D TOLLS | E Registration Tuition Books | F Parking, Telephone And Other | Description, Explanation, Etc. |
|----------------------|---------------------|---------------|---------|--------------|------------------------|---------|---------|------------|---------------------------------------|---|---|
| | MODE | MILES | COST | | BRKFST | LUNCH | DINNER | | | | |
| | | | | | | | | | | | |
| 3/13/17 | Personal Vehicle | 50 | \$26.75 | \$100 | | \$11 | \$19 | \$2.50 | \$500 | | Personal Vehicle to Fort Pierce, One night hotel stay, Lunch, Dinner, tolls and Training Registration Fee |
| 3/14/17 | | | | \$100 | \$8 | \$11 | \$19 | | | | One night hotel stay, breakfast, lunch and dinner |
| 3/15/17 | | | | \$100 | \$8 | \$11 | \$19 | | | | One night hotel stay, breakfast, lunch and dinner |
| 3/16/17 | | | | \$100 | \$8 | \$11 | \$19 | | | | One night hotel stay, breakfast, lunch and dinner |
| 3/17/17 | Personal Vehicle | 50 | \$26.75 | | \$8 | \$11 | | \$2.50 | | | Personal Vehicle return to Melbourne, Breakfast and Lunch, tolls |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 100 miles | | | | | | | | | |
| COLUMN TOTALS | | A. \$ \$53.50 | | B. \$ \$400 | \$ \$32 | \$ \$55 | \$ \$76 | \$5 | E. \$ 500 | F. \$ | Enter Column Totals on Class 'A' Travel Voucher |
| | | | | | C. \$ \$163 | | | | | | |

I certify that all expenses listed on this sheet were lawfully incurred on City business and that no part of said expense was paid for on my behalf by any other person, firm or corporation, nor does it include expenses incurred for others.

3/20/17
DATE


SIGNATURE

Any questions?

