Department of Behavioral Health

TRANSMITTAL LETTER

SUBJECT DBH Official Travel and Training Approval Policy		
POLICY NUMBER **DBH Policy 750.2**	**DATE** SEP 2 3 2014	**TL#** 264

Purpose. To establish standard procedures for the authorization of official travel and training.

This revision clarifies that the Human Resources Division and the Chief of Administrative Operations are not responsible for verifications of funding. It is the supervisors' responsibility to (1) ensure that the expenditures for travel are within their spending plan and (2) codify items in the request forms. The Agency Fiscal Officer verifies the availability of funding and processes the request for travel and training.

Applicability. Requests for official travel, travel advances and reimbursement of travel expenses by employees of the Department of Behavioral Health (DBH), certain DBH applicants, consumers and family members, whose expenses are to be paid with public dollars. Contractor reimbursement is not covered by this policy.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective immediately.

Superseded Policy. This policy replaces DMH Policy 750.2A, DMH Travel and Training Reimbursement Policy, dated September 1, 2004.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.

Stephen T. Baron 9/22/14
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 750.2	Date SEP 2 2 2014	Page 1
	Supersedes DMH Policy 750.2A, DMH Travel and Training Reimbursement Policy, dated September 1, 2004		

Subject: DBH Official Travel and Training Approval Policy

1. **Purpose**. To establish standard procedures for the authorization of official travel and training.

2. **Applicability**. This policy applies to requests for official travel, travel advances and reimbursement of travel expenses by employees of the Department of Behavioral Health (DBH), certain DBH applicants, consumers and family members, whose expenses are to be paid with public dollars. Contractor reimbursement is not covered by this policy.

3. **Authority**. DCMR, Title 1, Chapter 8, District of Columbia Employees Travel and Related Expenses; District of Columbia Procurement Practices Act ("PPA") of 1985 (Sections 101, 107, 201, 202 and 321); D.C. Official Code §§2-301.01, 2-301.07, 2-302.01, 2-302.02, and 2-303.21; 27 DCMR §§1801-1802 *et seq*; 6 DPM 2903, and the Office of Contracting and Procurement (OCP) Policy No. 2009-01).

4. **Definitions**.

4a. Local travel. Travel within a 50 mile radius of the employee's duty station incurred for official DBH business.

4b. Out of City travel. Any travel more than a 50 mile radius outside of the District of Columbia or from employee's duty station.

4c. Spending plan. Refers to the aggregate budget for the department/unit for the Fiscal Year.

5. **Policy**.

5a. Any travel related activity must have prior approval regardless of the funding source. Failure to obtain all required approvals may result in reimbursement forfeiture.

5b. Approval of travel and training attendance are dependent on the availability of funds as verified by the Agency Fiscal Officer (AFO). Supervisors are responsible for ensuring that travel expenditures are within their spending plan and must codify items in the request forms.

5c. Reimbursement for union employees is based on the collective bargaining agreement (CBA) and availability of funds.

5d. Requests for reimbursements with all the necessary receipts shall be submitted to the AFO within fifteen (15) business of the completion of the travel (see section 4, Official Travel and Training Approval Guidelines, Exhibit 1).

5e. Reimbursement of mileage for use of personal vehicle is available for travel as detailed in DBH Policy 750.3, Government and Personal Vehicle Operators' Accountability Policy.

6. **Procedures**.

6a. DBH Official Travel and Training Approval Guidelines (Exhibit 1). Employees must comply with procedures outlined in the DBH Official Travel and Training Approval Guidelines.

6b. Restrictions by the City Administrator. During a District travel restriction issued by the Office of the City Administrator (OCA), the Request for Training and Travel (Exhibit 2) will be completed for District and out of town travel and submitted to OCA.

6c. P-cards may not be used for travel and training absent specific authorization. Agency employees may travel for official business purposes, including training; however, all travel and training must be approved in advance by the Office of the City Administrator through the normal travel and training approval process, unless a waiver is granted. Once the approval/waiver is granted, traveler must email proof to the Purchase Card Procurement Officer at the DC Office of Contracting and Procurement to activate the travel portion of the P-Card for the specific period of time of travel.

6d. In general, local travel reimbursements (mileage, parking, taxi, metro fares, etc.) are made on a monthly basis, after completion of Form DGS-ICT (Exhibit 6). This approved form must be received by the OCFO at least ten (10) days prior to any travel expenses. Mileage, based on actual odometer readings, must be reported for each trip and the original parking receipt must be attached to FMS-432 (Exhibit 5) in order to receive reimbursement.

6e. The completion of travel packages are the responsibility of the Traveler; using the GSA Per Diem Rates, which can be found at the following website: http://www.gsa.gov/portal/category/104711. All relevant information on travel must be submitted.

6f. Supervisors who review and approve requests for reimbursement of travel must ensure the following:

(1) Each trip or expense is justified as required for the benefit of DBH;
(2) Expenditures are codified according to spending plan;
(3) Approval is contingent on availability of funds as verified by the AFO; and
(4) Completed forms and supporting documents are submitted and processed from supervisor's office at least thirty (30) days prior to travel.

7. **Relevant DBH Policy**. DBH Policy 750.3, Government and Personal Vehicle Operators' Accountability Policy.

8. **Exhibits**.

Exhibit 1 - Department of Behavioral Health Travel and Training Guidelines (Includes Flow Chart)

Exhibit 2 - Request for Training and Travel, Office of the City Administrator (Form Revised 2013-1)

Exhibit 3 - Request and Authorization for Official Travel (FMS 431)

Exhibit 4 - Voucher (FMS 430)

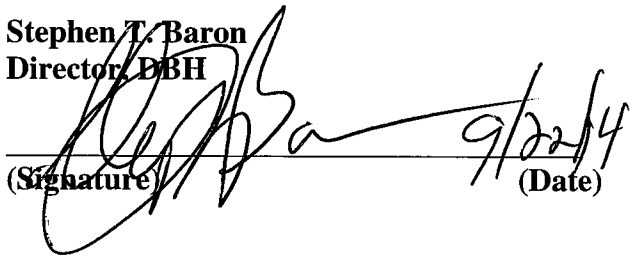
Exhibit 5 - Travel and Related Expenses Voucher (FMS 432)

Exhibit 6 - Form DGS-ICT, Authorization - Inner City Travel

Exhibit 7 - Instructions - Moving of Household Goods

Approved by:

Stephen T. Baron
Director, DBH



(Signature) **(Date)** 9/22/14

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Behavioral Health
Official Travel and Training Approval Guidelines

Request

- DBH Employee gathers all relevant materials on travel.
- DBH Employee submits relevant materials to Supervisor for approval at least thirty (30) days prior to travel.

Supervisor Approval

- Supervisor processes materials for approval, including codification of funding.
- Supervisor submits materials to the Agency Fiscal Officer (AFO).

AFO Verification of Funds

- AFO verifies availability of funds.
- AFO sends materials to the DBH Director for signature.

DBH Director & OCA Approval

- Director signs submission.
- However, if the Mayor has imposed a restriction or freeze for travel: (1) Office of Director submits materials to OCA and (2) OCA reviews materials for approval and returns to DBH Office of Director.

Advance Checks

- Approved travel advance and travel reimbursement checks will be mailed to the traveler's home address.

Reimbursement

- Accounts Payable processes reimbursable expense payment to employee.

1. **General Guidelines.** The purpose of DBH's travel policy guidelines is for payment to be efficient for both the traveler and DBH. These guidelines comply with District and Federal law and regulation to ensure effective operations and reliable financial reporting.

2. **Authorization of Out-of-Town Travel.**

2a. Supervisor approves requests for out-of-town travel with appropriate codification of funds from unit's spending plan. Requests for out-of-town travel must include the following:

- Request for Training and Travel (Exhibit 2)
- Request and Authorization for Official Travel (Exhibit 3)
- Voucher (Exhibit 4)
- Travel and Related Expense Voucher (Exhibit 5)

Local travel must be authorized using Exhibit 6 - Authorization for inner city travel.

2b. The Agency Fiscal Officer (AFO) certifies the vouchers for travel and training.

2c. The Director reviews the packet for approval and returns to AFO for processing. When there is a travel freeze or restriction, the travel request packet is submitted by the Office of the Director to the City Administrator's Office (OCA). Upon OCA's completion, the packet is sent back to DBH.

3. **Local Travel.**

Reimbursable when:

(1) Approved in advance by supervisor, in accordance with the spending plan.

(2) Form DGS-ICT, Authorization - Inner City Travel must be received by the Agency Fiscal Officer at least ten (10) days prior to the occurrence of any travel expenses.

(3) The total monthly reimbursement is determined by the AFO.

(4) Mileage is reimbursed in accordance with the following link:

http://www.gsa.gov/portal/category/104715

(5) Actual odometer readings must be reported for each trip and the original parking receipt must be attached to the reimbursement voucher. Reimbursement for parking meters and metro fares are reimbursable. Traffic and parking tickets are not reimbursable.

4. **Guidelines and Procedures on Submitting Request for Reimbursement.**

4a. Employees authorized to travel shall:

(1) Submit the travel request packet (2a above) to the AFO no less than ten (10) business days

prior to travel.

(2) Maintain receipts for lodging, ground transportation, and other incidentals not covered by the per diem meal rate.

(3) Submit a travel expense report (Exhibit 5) to the AFO within fifteen (15) business days after completion of travel. The Expense Voucher shall be used to record all travel expenses with receipts attached to support the expenses claimed. This should include per diem amounts claimed for each full day of travel, including a detailed hotel bill, receipts for ground transportation and other incidental costs (e.g. airline baggage fees, gas for rental car, tolls). Adjustments should be made for partial days or meals provided as part of a conference.

4b. Travelers may request an advance of funds to cover their expected travel expenses. Complete and accurate travel advance requests must be submitted at least fifteen (15) business days before the date of travel to be eligible for a travel advance. A complete request includes the traveler's home address, funding source and all relevant supporting documents and schedules (Exhibit 3 - Request and Authorization for Official Travel).

(1) Travel advance and travel reimbursement checks will be mailed to the traveler's home address. The traveler must contact the assigned Financial Operations technician for a copy of the travel advance/expense spreadsheet, which shows the break-down of expenses.

(2) Travelers who submit a timely request for an advance, but who have not received an advance check at their home address, may request an emergency replacement advance. Replacement requests must be made at least two (2) business days prior to travel.

(3) Advances will be provided at 80% of the per diem rates for lodging, meals, and estimated transportation costs. Advances will include 100% of airline costs and conference registration fees if circumstances require the traveler pay them.

4c. Charges that result from the cancellation of planned travel (e.g., nonrefundable registration fees) will be assigned to the traveler's unit's spending plan.

5. **Reimbursable expenses.** Reimbursement Forms are submitted to the AFO as follows (see Exhibit 5 - FMS 432 - Travel and Related Expenses Voucher).

5a. Meals and Incidental Expenses.

(1) Reimbursement is based on the federal per diem rate for the host city.

(2) The per diem rate covers the costs of meals, tips and laundry.

(3) The per diem rate will be adjusted to account for partial days or meals provided as part of a training.

(4) Per Diem adjustments for meals included as part of a conference or which are otherwise provided is: 25% breakfast, 25% lunch, and 50% dinner.

(5) Travelers will be paid 75% of the per diem rate for the date of departure and date of return from out of town travel.

(6) Variations to the above rates for partial days will be considered on an individual basis.

(7) Receipts may be used to support reimbursements for partial day meal expense(s).

(8) No per diem is allowed for out-of-town travel less than twelve (12) hours. Travel for more than twelve (12) hours, but less than twenty four (24) hours, shall be eligible for 75% of the per diem rate for the day.

5b. Hotel.

(1) Reimbursement is based on actual cost and must be supported by an itemized hotel receipt.

(2) The maximum hotel reimbursement is the federal per diem lodging rate for the host city, plus applicable taxes. Hotel expenses beyond the federal per diem rate are the personal responsibility of the traveler.

(3) Travelers are directed to request an exemption from any hotel taxes, based upon their government ID and their travel authorization form. Travelers, however, are advised that the application of hotel tax varies from state to state, and even within states.

(4) Requests for waiver of the federal per diem lodging rate will be considered under the following circumstances: (a) Unavailability of lodging at the federal rate (subject to verification); (b) Remote location of available lodging with respect to conference location, if the time and expense to travel is excessive relative to the added cost of staying at the conference location; and (c) Evening meetings that require traveler to be at the conference location late at night.

(5) Requests for a hotel waiver must be supported by two (2) rate quotes from surrounding hotels that either had no rooms at lower rates or were too far from the conference location (provide distance). Other special circumstances will be considered, such as members of a group staying in a double room to lower costs.

(6) The appearance of extravagant expenditures shall be avoided.

(7) Requests for waiver of the federal per diem lodging rate must be approved prior to travel.

(8) The traveler is responsible for reserving his/ her own hotel room on a personal credit card, as the government purchase card cannot be used for this purpose.

5c. Phone Calls and Other Expenses.

(1) Business phone calls are reimbursable and should be so noted on the hotel bill.

(2) One personal phone call, reimbursed up to $5 per night, is allowed for each night an individual is on travel. Additional personal phone calls, entertainment, alcohol and other personal expenses are not reimbursable.

5d. Ground Transportation.

(1) Ground transportation and other incidental expenses are reimbursable if they are related to the business purpose of the travel. Receipts must be attached to support each claim.

(2) The maximum reimbursable amount for ground transportation and/or parking costs claimed without a receipt is up to $30 per incident.

(3) Requests for a rental car must be justified and approved by the supervisor to be reimbursed.

5e. Mileage.

(1) The use of a personal vehicle for business-related travel shall be reimbursed at the prevailing federal mileage rate (see www.gsa.gov for current rates).

(2) Mileage should be calculated based on the distance from the starting point to the destination. Travel originates from a location other than the workplace, mileage claimed should be the lesser of: 1) the distance from home to the destination, or 2) from work to the destination.

6. **Reimbursement Process.**

6a. All travelers must submit a travel expense report at the completion of travel.

6b. The AFO shall process the expense report, with any additional reimbursement required over the amount advanced, within fifteen (15) days of receipt of a submitted complete expense package.

6c. Any disallowed expenses claimed shall be identified and explained.

6d. In the event that arbitration is required to reach agreement on disallowed items, the traveler should submit a memo requesting such arbitration to the AFO within thirty (30) days of receiving notice of a disallowance.

6e. If the expense report is not submitted within ninety (90) days of return from travel, the traveler will forfeit reimbursement in its entirety. The AFO will seek recovery of the full amount of the advance from the traveler. Future travel for the individual will be prohibited until all prior travel is fully resolved.

7. **Pre-Employment Travel, Relocation Expenses and Temporary Housing Allowance.**

7a. Travel expenditures of non-DBH employees may be reimbursed by DBH under the conditions specified below. Reimbursement for travel expenses is limited to the items described in this section.

For both pre-employment interviews and relocation of certain employees, the completion of the required forms are the responsibility of the employee and the hiring program. Costs will be charged to the hiring program's budget.

(1) Pre-Employment Interview. An individual under consideration for employment for an Excepted Service position by DBH may have reasonable travel expenses paid, up to a maximum of five thousand dollars ($5,000), incurred incidental to pre-employment interviews held for the purpose of ascertaining his or her qualifications for a hard-to-fill policy position at the grade level DS-11 or above. For a position in the Executive Service, reasonable travel expenses, up to a maximum of five thousand dollars ($5,000), incurred incidental to pre-employment interviews held for the purpose of ascertaining an applicant's qualifications may be paid. A request for reimbursement must be approved by the DBH Director prior to the interview.

(2) Relocation Expenses. DBH may pay reasonable relocation expenses for the individual and his or her immediate family when the individual is selected for, or appointed to, a hard-to-fill policy position in the Excepted Service at grade level DS-11 or above or to a position in the Executive Service, if that relocation is to the District of Columbia from outside the Greater Washington Metropolitan Area. Payment of expenses may be made only after the selectee or appointee signs a notarized agreement to remain in the District government service for twelve (12) months after his or her appointment, unless separated for reasons beyond his or her control that are acceptable to the Director of DBH (for Excepted Service) or the Mayor (for Executive Service). See Exhibit 7 for Instructions for Moving Household Goods.

7b. DBH may also pay a reasonable temporary housing allowance, for a period not to exceed sixty (60) days, for the individual and his or her immediate family who are eligible for relocation expenses. Any expenses incurred for which reimbursement is sought must be supported by a valid receipt or invoice, the original of which must be submitted with the request for reimbursement.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CITY ADMINISTRATOR
REQUEST FOR TRAINING AND TRAVEL

I. Training and Travel Request Summary

1. Name of Traveler	SSN (Last 4 Digits)	2. Agency/Department (Including Budget Code)
3. Position Title	4. Training or Conference Dates: From: To:	
5. Description of Travel/Training	6. Travel Destination	7. Training, Conference or Seminar Cost
8. Training, Conference or Seminar Event Location Address	9. Training or Conference Vendor Name and Address (as it must appear on check)	
If Travel is Sponsored (List Sponsor)	Donation Application Request No.	Sponsor's Donation Amount

II. Transportation

10. Mode of Transportation ☐Airline ☐ Train ☐ Other _____

11. Method of Payment ☐Advance ☐Travel Card ☐ Other _____

Transportation to Destination	12. Point of Departure	13. Travel Date	14. Carrier Name	15. Flight or Train IDs	16. Departure Time	17. Arrival Time
Transportation Return	18. Point of Departure	19. Travel Date	20. Carrier Name	21. Flight or Train IDs	22. Departure Time	23. Arrival Time

Special Notes

III. Lodging

24. Hotel Name and Address	25. Hotel Phone
	26. Lodging Dates From: To:
	27. Length of Stay (Nights):

Special Notes

IV. Total Cost

Item	Quantity	Unit Cost	Subtotal	Tax Rate	Total Rate	Total Cost	P-Card	Advance
Transportation (Airline, Train, etc.)								
Lodging (Government Rate)								
Per Diem								
--Per Diem (First & Last Day of Travel)								
Car Rental (Only If Approved)								
Training/Registration Fees								
Other Expenses: _____								
					TOTAL			

V. Funding Attributes (Provided by Agency Budget Responsible Manager or Agency Fiscal Officer)

Agency	Year	Org Code	Fund	Index	PCA	Project/Phase	Grant/Phase	Object	Initials

VI. Traveler Signature

I have prepared this request in accordance with all applicable District of Columbia policies and procedures governing travel and training. I certify that I am traveling on official District government business. I will keep original receipts for all expenses and submit them, along with a properly completed travel reconciliation, within five business days of the authorized travel completion date. I understand that if I fail to attend this travel or training, submit a properly completed travel reconciliation by the required date or reimburse the District for any advance in excess of actual costs, the balance may be withheld from my bi-weekly pay or other District payments.

Signature	Date

VII. Authorizations

	Name (Printed)	Title	Signature	Date
Supervisor				
Agency Fiscal Officer				
Agency Director				

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA

REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL

DBH Policy 750.2
Exhibit 3 - FMS 431

FMS431
(10/79)
J-94487
elec. version 02-09-2004

For instructions on the use of this form (formerly ASO-60) refer to C-0. 60-1431	1. DATE	2. DEPARTMENT OR AGENCY	DEPT. ORDER NO., IF ANY

3. NAME AND TITLE OF TRAVELER(S)

4. PURPOSE OF TRAVEL

A. ☐ MEETING OR CONFERENCE; (NAME)

DATES AUTHORIZED TO ATTEND MEETING OR CONFERENCE
FROM: TO* (INCLUSIVE)

☐ AUTHORIZED BY COMMISSIONERS - LIM. FUNDS

B. ☐ OFFICIAL BUSINESS: (EXPLAIN)

5. ITINERARY
FROM:
TO:

RETURN TO:

6. DEPART ON OR ABOUT	RETURN ON OR ABOUT

C. ☐ OFFICIAL TRAINING: (CHECK APPLICABLE)

☐ INTERAGENCY TRAINING - D.C. PERSONNEL OFFICE NOTIFIED ON _____

☐ OUTSIDE TRAINING -TRAINING FORM 1 CERTIFIED BY DC PERSONNEL OFFICER ON _____

☐ C.O. NUMBER AND DATE, IF APPLICABLE:

DATE COURSE BEGINS	DATE COURSE ENDS

TUITION AND RELATED FEES
$ _____

☐ TUITION ONLY
☐ INCLUDES ROOM
☐ INCLUDES ALL MEALS
☐ INCLUDES ALL MEALS EXCEPT ON WEEK-ENDS
☐ INCLUDES _____ FEE
☐ INCLUDES BOOKS AND/OR MATERIALS

7. MODE OF TRANSPORTATION

☐ NO COST TO THE DISTRICT GOVERNMENT
☐ DISTRICT OWNED VEHICLE
☐ PRIVATELY OWNED VEHICLE AT THE RATE OF _____¢ PER MILE
☐ NOT TO EXCEED COST BY COMMON CARRIER
☐ ADMINISTRATIVELY DETERMINED MOST ADVANTAGEOUS TO DC GOVT.
☐ COMMON CARRIER - ACCOMMODATIONS REQUESTED

TRAIN:
☐ COACH
☐ FIRST CLASS
☐ PARLOR CAR SEAT
☐ DUPLEX ROOM-ETTE
☐ OTHER

AIR:
☐ PROP
☐ JET
☐ DAY COACH
☐ NIGHT COACH
☐ TOURIST
☐ ECONOMY
☐ FIRST CLASS (JUSTIFY: CO 63-1515)

BUS:
☐ REGULAR
☐ SPECIAL

☐ OTHER (EXPLAIN)

ESTIMATED COST (WITHOUT TAX) $ _____

D. ☐ MOVING OF HOUSEHOLD GOODS (INSTRUCTIONS ON REVERSE)

☐ P.L. 79-600 1946 (GOVERNMENT TRANSFER)
☐ P.L. 86-587 1960 (NEW APPOINTEE)
☐ MARRIED ☐ SINGLE

PRESENT OFFICIAL STATION: (CITY, COUNTY, STATE)

8. PER DIEM ALLOWANCE AUTHORIZED

☐ $ _____ A DAY (CONTINENTAL U.S.)
☐ FOREIGN TRAVEL (PREVAILING RATES)
☐ PER DIEM ALLOWANCE NOT REQUESTED

9. ADMINISTRATIVE APPROVAL OR AUTHORIZATION (DEPARTMENT OR AGENCY)

SIGNATURE DATE

10. MEMO ONLY

LINE NO.	AGY	RESP CTR / PROJ / PHASE	MRU / SUB-PROJ	OBJ	SUB-OBJ	REPTG CATG DIST	REPTG CATG AGY	JOB	AC-TIVITY	DESCRIPTION	+/-	AMOUNT ESTIMATED	AMOUNT NOT TO EXCEED

ADVANCE REQUESTED, IF ANY $ _____ TOTAL

11. DEPARTMENT OF GENERAL ADMINISTRATION, FINANCE OFFICE, ACCOUNTING DIVISION
REVIEWED AS TO FORM AND AUTHORITY -FUNDS ARE AVAILABLE
SIGNATURE TITLE DATE

1st copy - FMS ENTRY | 2nd copy - AGENCY ACCOUNTING OFFICE COPY | 3rd Copy - CONTROLLER COPY | 4th Copy - AGENCY USE

★ ★ ★ GOVERNMENT
[redacted] OF THE
[redacted] DISTRICT OF COLUMBIA

VOUCHER

DBH Policy 750.2
Exhibit 4 - FMS 430

FMS430
(10/79)
J-94083
electronic version on 07.03.2003

D1

TRANSACTION CODE 3-6	(Check One) ENTER	MODIFY	CANCEL
ORDER / CONTRACT	(VOCE) ☐	(VOCM) ☐	(VOCX) ☐
MISCELLANEOUS	(VMSE) ☐	(VMSM) ☐	(VMSX) ☐
INTRA - DISTRICT	(VIDE) ☐	(VIDM) ☐	(VIDX) ☐

FUND 16-18

DATE OF VOUCHER 20-23 MO DY YR

VOUCHER ID
AGENCY 7-8
VOUCHER NO. 9-14

DISCOUNT AMOUNT 27-39 $

DISCOUNT DATE 41-46 MO DY YR

D4 LAST RECEIPT DATE 35-40 MO DY YR

D5 YEAR-END ADJ PERIOD 50-33 YR MO

OFFSET LIABILITY ACCOUNT 55-57

VENDOR INFO

DI ID: 32-64 TYPE NUMBER ADDRESS CODE D5

D2 NAME: 4-33

D3 ADDRESS: 4-33, 35-59 City & State Zip

INTRA-DISTRICT SELLER ONLY

FUND
AGENCY S-9
RESP CENTER 11-14
MRU 16-17
REVENUE SOURCE 19-22
JOB 24-20

01

LINE NO. 4-7	AGY 9-10	RESP CTR PROJ/ PHASE 12-15	MRU SUB-PROJ 17-18	OBJ 20-22	SUB-OBJ 24-25	REPTG CATG DIST 35-38	REPTG CATG AGENCY 40-43	02 JOB 45-49	AC-TIVITY 4-7	CONTRACT OR ORDER ID TRANS. CODE 9-12	CONTRACT OR ORDER ID AGY 13-14	CONTRACT OR ORDER ID DOC NUMBER 15-20	CONTRACT OR ORDER ID REF LINE NO. 22-25	PART/ FINAL IND. (check one) 27	INVOICE NO. 29-38	F 1 P 40	04 ± 39	RETAINAGE AMOUNT 41-53	± 57	LINE AMOUNT 59-71
														P F ☐☐						
														P F ☐☐						
														P F ☐☐						
														P F ☐☐						
														P F ☐☐						

DESCRIPTION

D6 TOTAL RETAINAGE 34 36-48

TOTAL AMOUNT 50 52-64

D6

PREPARED BY: TO INCLUDE CERTIFICATION OF RECEIPT OF GOODS ☐ 4

NAME: _____ (please print)

DATE: _____

Phone: _____

PRE-AUDIT CERTIFICATION

I certify that I have Independently examined this document and supporting documentation and find the preparer's statement to be accurate. I thereby certify payment in the above amount.

EXAMINED By: _____ (signature)

DATE: _____

CERTIFICATE OF ACCEPTANCE INTO FMS

I certify that this document was accepted into FMS.

DATE ACCEPTED. _____

BY: _____

CHECK IF THIS DOCUMENT IS CONTINUED: ☐

PAGE

Of

1st copy - FMS ENTRY 2nd copy - AGENCY ACCOUNTING OFFICE COPY 3rd Copy - CONTROLLER COPY 4th Copy - AGENCY USE

DBH 750.2
Exhibit 5 - FMS432

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA

TRAVEL AND RELATED EXPENSES VOUCHER

see instructions on reverse side

(10/79)
J-94488
DMH electronic version on 07.08.2003

TRANSACTION CODE (Check One)	FUND 16-18	DATE OF VOUCHER 20-25 MO DY YR	D5 YEAR-END ADJ PER 50-53 YR MO	VOUCHER ID AGENCY 7-8	VOUCHER NO 9-14
(VTRE) 3-6 (VTRM) 3-6 (VTRX) 3-6 ENTER ☐ MODIFY ☐ CANCEL ☐					

PAYEE

D1 ID: 52-64 TYPE | NUMBER | ADD. CODE

D2 NAME: 4-33 35-64

D3 ADDRESS: 4-33 35-64

NAME AND TITLE OF TRAVELER(S)

PERIOD OF TRAVEL: D5

OFFSET LIABILITY ACCOUNT 55-57

LINE NO. 4-7	AGY 9-10	RESP CTR PROJ/ PHASE 12-15	MRU SUB-PROJ 17-18	OBJ (circle one) 20-22	SUB-OBJ 24-25	REPTG CATG DIST 35-38	REPTG CATG AGENCY 40-43	02 JOB 45-49	AC-TIVITY 4-7	03 DESCRIPTION 4-33	04 ± 57	AMOUNT 59-71
				401 or 402								
				401 or 402								
										TOTAL 50 52 64		

PENALTY FOR PRESENTING FRAUDULENT CLAIM: Fine of not more than $10,000 or Imprisonment for not more than ten years or both (See 52 Stat. 197; U.S.C 18-18)

FORFEITURE OF FRAUDULENT CLAIM Falsification of an item in an expense account works a forfeiture of the entire claim (See 36 Stat. 1141, U.S.C. 28: 279, 280; 18 Comp. Gen. 603)

TRAVEL COVERED BY TRANSPORTATION REQUESTS (REIMBURSEMENT NOT TO BE CLAIMED BY TRAVELER)

Date of Travel	Trans. Request No.	FROM	TO	NAME OF CARRIER	VALUE

DATE 19___	CHARACTER OF EXPENDITURE If authority provides for travel to more than one point, time of arrival at and departure from each must be shown.	SUB-VOU. NO.	AMOUNT
	Per them allowance in lieu of actual expenses for subsistence from _____ (Date) at _____ (Time) to _____ (Date) at _____ (Time) days at $_____ a day _____	XXX	

PREPARED BY

NAME _____ (please print)

DATE: _____

PHONE _____

AUTHORIZED BY

NAME: _____ (signature)

DATE _____

CERTIFICATE OF ACCEPTANCE INTO FMS

I certify that this document was accepted into FMS.

DATE ACCEPTED _____

BY: _____

TOTAL _____

Differences _____

ADJUSTED TOTAL _____

1st Copy - FMS ENTRY 2nd COPY - CONTROLLER COPY 3rd COPY - AGENCY ACCOUNTING OFFICE 4th COPY - AGENCY USE

DBH 750.2
Exhibit 5 - FMS432

TRAVEL VOUCHER – CONTINUATION PAGE

DATE 19 ______	CHARACTER OF EXPENDITURE (if continuation required) OR POINTS BETWEEN WHICH TRAVEL WAS PERFORMED ON A REGULAR MILEAGE BASIS	MILEAGE		NO. OF MILES AT ___ A MILE	AMOUNT	
		START	END		MILEAGE (Use Total Line Only)	OTHER
						$
				TOTALS	$	$
				GRAND TOTAL TO FACE OF VOUCHER →		$

This side of form must be used as a continuation page, If necessary, to complete entries under "Character of Expenditure."

In case of motor vehicle travel on a regular monthly basis, use this side of form for applicable entries.

"If per them allowances for members of employee's Immediate family are Included, give members' names, their relationship to employee, and ages and marital status of children (unless this information is shown on the travel authorization)."

COMPLETED SAMPLE FOR FMS432

DBH 750.2
Exhibit 5 - FMS432

Travel and Related Expenses Voucher

Government of the District of Columbia

TRANSACTION CODE	DATE OF VOUCHER MO	DY	YR	YEAR-END ADJ PER YR	MO	VOUCHER ID AGENCY	VOUCHER NO.
	March	25	2010				

PAYEE

NAME: Jane Doe — TITLE OF TRAVELER:

ADDRESS: 1234 ABC Street, Daisy Hills, MD — SOCIAL SECURITY NUMBER (VENDOR #):

LINE NO.	INDEX	PCA	OBJ	AOBJ	GRANT	PH	PROJ	PH	DESCRIPTION	AMOUNT
1	10XXX	10XXX	0402	0402					Out of Town Travel	1,113.60
									TOTAL	

PENALTY FOR PRESENTING FRAUDULENT CLAIM: Fine of not more than $10,000 or imprisonment for not more than ten years or both (See 52 Stat. 197; U.S.C. 18-18.) FORFEITURE OF FRAUDULENT CLAIM: Falsification of an item in an expense account works a forfeitu

TRAVEL COVERED BY TRANSPORATION REQUESTS (REIMBURSEMENT NOT TO BE CLAIMIED BY TRAVELER)

DATE OF TRAVEL	TRANS. REQUEST NO.	FROM	TO	CARRIER	VALUE
425-5/1/2010	Training Resource and Finance University Miami, FL			Trans-Air	$235.00

DATE YR	CHARACTER OF EXPENDITURE	SUB VOU. NO	AMOUNT
	If authority provides for travel to more than one point, time of arrival at and departure from each must be shown. Per diem allowance in lieu of actual expenses for subsistense from _4/25/2010_ (date) at __6:00am_ (time) to __5/1/2010__ (date) at ___2:00pm____ (time), _____7.5_____ days at $_____56___ a day _____		
4/25-5/1/10	Hotel- Hilton- $96 a day for 7 days		672.00
	Per Diem - 7.5 days @ $56 dollars a day		420.00
	Ground Transportation- $65.00		65.00

PREPARED BY:
NAME: Jill Doe
DATE: 3/25/2010
PHONE: 202-555-5555

AUTHORIZING OFFICIAL
NAME: Jon Doe
DATE: 4/1/2010

CERTIFICATE OF ENTRY INTO SOAR

TOTAL	$1,392.00
Differences: (LESS 20%)	($278.40)
ADJUSTED TOTAL (80% of Total)	$1,113.60

DGS-ICT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF BUDGET AND FINANCIAL MANAGEMENT
DISTRICT ACCOUNTING

AUTHORIZATION - INNER CITY TRAVEL

Page__ of __

_____ (name of department or agency). DEPARTMENT ORDER NO. _____. DATE _____

THE FOLLOWING NAMED EMPLOYEE (S) ARE AUTHORIZED TO USE PRIVATELY-OWNED MOTOR VEHICLMS IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES AND TO BE REIMBURSED AT A RATE OF ____ CENTS A MILE, NOT TO EXCEED ($_____ A MONTH, OR $_____ A YEAR) FOR THE PERIOD _____ TO _____ CHARGEABLE TO:

AGENCY	RESP CENTER	INDEX	OBJECT	SUB OBJ	AGENCY CATG

_____
(Name and title of employee)

_____
(signature of employee)

DATE	MONTH	AMT. PAID	ACC TOTAL

DATE	MONTH	AMT. PAID	ACC TOTAL

Validated _____
Controller

(signed) _____
Head of department or authorized person

81-P7736

INSTRUCTIONS – MOVING OF HOUSEHOLD GOODS

Information needed from Employing Agency:

Public Law governing appointment (indicate which is applicable)

1. P. L. 79-600 Government Transfer
2. P.L. 86-587 New Appointee (Manpower shortage category)

Information needed from appointee:

1. Residence
2. Number in family
3. Approximate date of departure
4. Approximate date of arrival
5. Mode of transportation
6. Official Station (City, County and State)
7. Estimated cost of moving (from Moving Company)
8. Estimated number of days storage (allowed - 60 days maximum)
9. Weight of shipment (allowed - Single 2,500 lbs. maximum
   Married 7,000 lbs. maximum)

NOTES:

1. Appointee pays all moving expenses. For reimbursement "Bill of Lading" and related documents are attached to Form FMS432 (Travel and Related Expenses Voucher).

2. Mail the Transportation Request to the Appointee, if common carrier is to be used.

3. if appointed under P.L. 86-587 - statement to be signed by the appointee to remain with the District Government for the prescribed period.