

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT DMH Travel and Training Reimbursement Policy		
POLICY NUMBER DMH Policy 750.2A	DATE SEP 01 2004	TL# 56

Purpose. To update the procedures for the request and authorization of official travel and training and clarify that travel and training reimbursement is not authorized until the **DMH Office of the Fiscal Officer, located at 64 NY Avenue, 4th floor [formerly called the DMH Office of the Chief Financial Officer (CFO)]** has approved and certified that funding is available.

Applicability. Department of Mental Health (DMH) employees, certain DMH applicants, and consumers and family members as indicated. Contractors will be reimbursed for travel, lodging, and means in amounts not to exceed GSA rates. Those rates are addressed in each contract and are not a part of this policy.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices.

Implementation Plans. A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation shall be completed within sixty (60) days after the date of this policy.*

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the **DMH** Policy and Procedures Manual.

If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 673-7757.

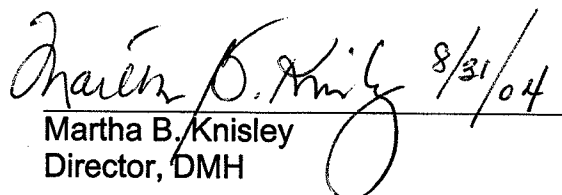
ACTION

REMOVE AND DESTROY

DMH Policy 750.2

INSERT

DMH Policy 750.2A


Martha B. Knisley
Director, DMH

NOTICE FROM POLICY SUPPORT DIVISION

EXCEPTION TO DMH POLICY 750.2A

Steven T. Baron, Director of the Department of Mental Health, approved the following exception to DMH Policy 750.2A, DMH Travel and Training Reimbursement Policy, dated September 1, 2004:

Effective October 26, 2007, the reimbursement rate for the use of a personal vehicle for business – related travel will be at 48.5 cents per mile for employees who use their private vehicle for official government travel that has been authorized in advance.

The reimbursement rate change will be incorporated during the next policy update.

**DEPARTMENT OF
MENTAL HEALTH**Policy No.
750.2A

Date

SEP 01 2004

Page 1

**Supersedes DMH Policy 750.2, DMH Travel
Reimbursement Policy, dated October 3, 2003****Subject: DMH Travel and Training Reimbursement Policy**

1. **Purpose.** To provide an overview of the procedures and forms to be used for the request and authorization of official travel and training, and the reimbursement of official business expenses. Specific travel and training provisions are addressed in Exhibit 1, DMH Travel and Training Guidelines.
2. **Applicability.** Department of Mental Health (DMH) employees, certain DMH applicants, and consumers and family members as indicated. Contractors will be reimbursed for travel, lodging, and meals in amounts not to exceed GSA rates. Those rates are addressed in each contract and are not part of this policy.
3. **Authority.** DCMR, Title 1, Chapter 8, District of Columbia Employees Travel and Related Expenses.
4. **Policy.**
 - 4a. All travel and outside training must be approved in advance by the respective program levels and the **DMH Office of the Fiscal Officer [formerly called the DMH Office of the Chief Financial Officer (CFO)]** prior to the employee traveling or attending training. Travel and training requests approved after the start date of the travel shall not be reimbursed.
 - 4b. The employee must receive confirmation from the DMH Office of the Fiscal Officer that the travel/training has been approved and funds are available for reimbursement prior to traveling or attending training. See Section 5a below.
 - 4c. Travel expenses for which reimbursement is sought shall be confined to expenses that are essential to the transaction of official business. Unnecessary delays, travel by circuitous routes, or luxury accommodations shall not be reimbursed.
5. **Overview.** **Travel and training authorization is subject to the availability of funds.**
 - 5a. **Steps for Approval of Travel and Training for DMH Employees.**
 - (1) Supervisor
 - (2) Program Manager
 - (3) Responsible Financial Officer (for Saint Elizabeths Hospital, DC Community Services Agency, or Mental Health Authority)
 - (4) DMH Office of the Fiscal Officer, Fourth Floor, 64 New York Avenue
 - (5) The DMH Office of the Fiscal Officer shall return approved documents to the responsible financial officer for return to the employee.

Note: Travel and training reimbursement is not authorized until the DMH Office of the Fiscal Officer has approved and certified that funding is available. Employees who travel or take training without approval by the DMH Office of the Fiscal Officer shall not be reimbursed.

5b. Local Travel (within 50 miles of employee's duty station). Requests for approval of local travel must be submitted on Form DGS-ICT, Authorization - Inner City Travel (Exhibit 2) and received by the DMH Office of the Fiscal Officer at least ten (10) days prior to the occurrence of any travel expenses.

5c. Out of City Travel (50 Miles Outside District of Columbia). Requests for approval of Out of City Travel must be submitted to the DMH Office of the Fiscal Officer on FMS-431, Request and Authorization for Official Travel (Exhibit 3).

(1) Transportation. Reservations for bus, train, or airplane shall be requested and paid in one of three (3) ways:

- DC Government check made payable directly to mode of transportation by the DMH Office of the Fiscal Officer.
- Travel Advance made payable to employee by the DMH Office of the Fiscal Officer.
- Reimbursement to the employee for transportation costs, upon return and submittal of appropriate receipts.

(2) Travel with No Cost or When the Cost will be borne by the Traveler (whether reimbursed or non-reimbursed) must be received by the DMH Office of the Fiscal Officer at least three (3) business days prior to the travel date.

(3) Travel Requiring a DC Government check made payable directly to the mode of transportation

- Without a Travel Advance must be received by the DMH Office of the Fiscal Officer, at least seven (7) business days prior to the travel date.
- With a Travel Advance must be received by the DMH Office of the Fiscal Officer, at least twenty-one (21) calendar days prior to the travel date in order to receive the advance before the travel begins.

5d. Travel Reimbursement Vouchers. Both local and out of town travel claims for reimbursement of previously approved travel shall be submitted to the DMH Office of the Fiscal Officer on FMS-432, Travel and Related Expenses Voucher (Exhibit 4).

(1) Local Travel claims must be submitted no later than fifteen (15) days after the close of the month for which travel expenses were incurred.

(2) Out of City Travel claims must be submitted within seven (7) calendar days after the traveler returns to his/her official duty station.

5e. Outside Training/Conferences. Approved requests must be submitted to the DMH Office of the Fiscal Officer on DC Training Form 1, DC Government Employee Training Authorization (Exhibit 5). Related travel should be requested on FMS-431, Request and Authorization for Official Travel, at the same time.

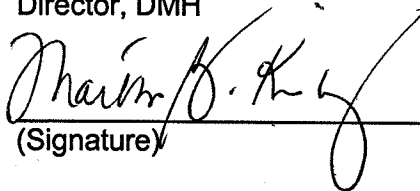
- Payment for training and conferences shall be made directly to the event sponsor unless approval to reimburse the employee is granted by the Deputy Director of Fiscal and Administrative Services prior to the employee travel.
- For direct payment to the vendor, Include a voucher payment request, FMS-430 (Exhibit 6)) indicating the conference sponsor's name, address, Tax ID Number, and DMH funding information. Documentation to support cost of fees must be attached.

- For advance registration and tuition payment to the employee, the FMS-430 must be received by the DMH Office of the Fiscal Officer at least twenty-one (21) calendar days prior to the date the check is desired.
- When the employee personally pays the cost of tuition, the DC Training Form 1 and FMS-431 must be received by the DMH Office of the Fiscal Officer at least three (3) business days in advance of the training. Reimbursement shall be made to the employee upon submission of a FMS-430 with an attached original receipt or other original evidence that the tuition cost was paid.

6. Refer to the DMH Travel and Training Guidelines for specific travel and training provisions prior to planning and requesting official travel (Exhibit 1). It is the responsibility of the employee to assure that all documents are properly prepared, submitted, and approved within the timeframes indicated in this policy and the DMH Travel Guidelines.

Approved by:

Martha B. Knisley
Director, DMH

 9/1/04
(Signature) (Date)

SEP 0 1 2004

Department of Mental Health
Travel and Training Guidelines

1. **General Provisions.** When business requirements necessitate Department of Mental Health (DMH) employees to travel, attend training, or incur business related expenses, it is the responsibility of the supervisor to:

- Assure that each trip or expense is justified as required for the benefit of DMH;
- Limit the number of travelers to the minimum required to accomplish the purpose of the travel;
- Select the best method of accomplishing the purpose at the least cost;
- Verify that the employee has completed his/her travel/training related responsibilities; and
- Inform employee that reimbursement is contingent on approval of the travel and outside training documents in advance at the respective program levels and the **DMH Office of the Fiscal Officer, located at 64 NY Avenue, 4th floor** prior to the employee traveling or attending training.

Initial approval for travel/training is at the discretion of the DMH supervisor/program manager of the employee. **Final authorization for the travel/training is subject to the availability of funds by the DMH Office of the Fiscal Officer [formerly called the DMH Office of the Chief Financial Officer (CFO)].**

Under no circumstances shall a travel/training request be approved after the start date of the travel or training.

2. **Local Travel.**

Local travel is defined as travel through the use of a privately owned vehicle within 50 miles of the employee's duty station incurred for official business. Reimbursement is available for travel from the employee's duty station to the place of business and return to the duty station or another business site, regardless of whether the employee leaves from home or another departure point.

Local travel expenditures are reimbursable when approved in advance by respective program levels and the DMH Office of the Fiscal Officer. Form DGS-ICT, Authorization - Inner City Travel must be received by the DMH Office of the Fiscal Officer at least ten (10) days prior to the occurrence of any travel expenses. The total monthly reimbursement is limited to a maximum of \$75. **Mileage is presently reimbursed at \$0.21 per mile in accordance with the District of Columbia Municipal Regulations.** 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 allowable. Traffic and parking tickets are not reimbursable. Local travel by taxi is not authorized.

For reimbursement of local travel, see Section 8 below for instructions on completing FMS-432, Travel and Related Expenses Voucher.

3. **Out of City Travel; Conferences and Training.**

Out of city travel is defined as any travel more than 50 miles outside of the District of Columbia. Requests for out of city travel shall be submitted on the Request and Authorization for Official Travel, FMS-431, in accordance with DMH Policy 750.2A, Travel and Training Reimbursement Policy and these guidelines.

- Travel authorization in which there is no cost or the cost will be borne by the traveler (whether reimbursed or non-reimbursed) **must be received by the DMH Office of the Fiscal Officer, at least three (3) business days prior to the travel date.**
- Travel requiring a DC Government check made payable directly to mode of transportation, without a request for travel advance **must be received by the DMH Office of the Fiscal Officer at least seven (7) business days prior to the travel date.**
- A travel advance request **must be received by the DMH Office of the Fiscal Officer at least twenty-one (21) calendar days prior to the travel date in order to receive the advance before the travel begins.**

For reimbursement of out of city travel, see Section 8 below for instructions on completing FMS-432, Travel and Related Expenses Voucher.

Out of city travel for the purpose of obtaining training or attending a conference is reimbursed for the expenditures identified below. The FMS-431, Request and Authorization for Official Travel, must include the relationship of the conference/training to the employee's current duties at DMH. All conference and training requests must include the conference or training schedule/brochure.

Registration and Tuition. Conference registration or tuition costs are reimbursed at the lowest applicable conference or training rate published by the sponsor of the event. Payment for registration and tuition shall be made directly to the event sponsor unless approval to reimburse the employee is granted by the Deputy Director of Fiscal and Administrative Services prior to the employee travel. Also see Section 9 below on Training.

For direct payment of out of city training/conferences to the vendor, the Request and Authorization for Official Travel, FMS-431, should include a voucher payment request, FMS-430 indicating the conference sponsor's name, address, tax ID number, and DMH funding information. Documentation to support cost of fees must be attached. This amount must match the amount indicated in Box 4.c. of the FMS-431. **Late fees are not authorized for reimbursement and shall be the responsibility of the traveler.**

Lodging. Lodging reservations are the responsibility of the traveler. In the event the employee cannot attend the conference/training, the employee is responsible for canceling all reservations. Fees incurred for not canceling services will not be reimbursed and will be the financial responsibility of the employee. No reimbursement for lodging may be approved if the total travel and return to DMH can be accomplished without an overnight stay.

Each claim for hotel accommodations shall be supported by receipts indicating the traveler's name, date, and amount charged per day. Reimbursements for hotel accommodations shall be made on the basis of actual expenses for full and reasonable cost. **When hotel expenses exceed ninety dollars (\$90) per day**, a copy of the Travel and Related Expenses Voucher (FMS-432) shall be forwarded to the DMH Deputy Director, Fiscal and Administrative Services for consideration.

Meals. Reimbursement for meals shall be made on the basis of actual expenses for full and reasonable cost. **When meal expenses exceed twenty-eight dollars (\$28) per day**, a copy of the Travel and Related Expenses Voucher (FMS-432) shall be forwarded to the DMH Deputy Director, Fiscal and Administrative Services for consideration. Each claim for reimbursement shall be supported by receipts indicating the date, number of persons and amount, including tax and tip. In no event shall the tip exceed fifteen percent (15%) of the total bill.

No reimbursement shall be made for alcoholic beverages and entertainment expenses and any expenses incurred for other persons. If any meal is provided as a part of the conference or training

event, the associated meal allowance shall be deducted from the per diem allowance for that day. No allowance for meals is authorized if the travel and return is accomplished in less than eight hours.

Out of City Transportation. Travel by bus, train, or airplane shall be requested and paid in one of three (3) ways: (1) by DC Government check made payable directly to mode of transportation, processed by the DMH Office of the Fiscal Officer; (2) by travel advance issued by the DMH Office of the Fiscal Officer; or (3) by reimbursement to the employee for transportation costs via the Travel and Related Expenses Voucher (FMS-432), upon return and submittal of appropriate receipts.

Reservations for official travel are the responsibility of the traveler. The traveler should identify himself or herself as a District Government employee and ask for the government rate. The carrier, reservation number, date of departure and return, origin and destination of travel should be included in Section 7 of the FMS-431. In the event the travel is cancelled, the traveler shall return all funds, when applicable, to the DMH Office of the Fiscal Officer within three (3) business days from the date of cancellation or postponement.

Reimbursement to the employee shall be made when authorized in advance and must be accompanied by the passenger's coupon of the ticket. The coupon shall indicate the traveler's name, date, time, travel class, origin and destination, and cost of transportation. The maximum allowable reimbursement to the employee shall be the applicable fare at the Government rate of the carrier between the points traveled for coach class travel.

Extended stay or continued travel to another destination for personal reasons must be approved in advance. The reimbursement is limited to no more than the Government rate of the selected carrier between the official travel points of travel. Additional hotel, meal per diem, and airport parking are not reimbursable and remain the responsibility of the employee.

Transportation by taxicab, bus, and limousine fares shall be reimbursed at the actual rate of fare, including tip (NTE 15% of total fare), and each request for reimbursement of expenses shall be accompanied by receipts indicating date, origin, destination, and fare plus tip paid. The maximum amount reimbursed for a one-way trip shall be thirty dollars (\$30).

The maximum allowable reimbursement for use of a privately owned vehicle is \$0.21 per mile, plus tolls, and shall not exceed the cost of common carrier. Reimbursement for the use of a privately owned vehicle to and from a common carrier terminal shall be at the per mile rate above and shall not exceed the taxicab, bus or limousine cost commonly charged for a round trip between the points involved. Requests for reimbursement for tolls shall be accompanied by the official toll booth receipt.

Airport parking is reimbursable up to the cost estimate included on the approved travel request. Local travel mileage to the airport may be claimed, if included on the travel request. Mileage is measured from the employee's duty station to the airport on weekdays. Weekend travel is calculated from the employee's home.

The use of a rental car while out of the city on official business must be approved in advance and include justification of the need for the rental. Approved expenses shall be reimbursed at the actual expense indicated on submitted receipts.

Miscellaneous/Incidental Expenses. Charges for official telephone calls (local and long distance), express mailing, telefax or other communications while on official business shall be reimbursed provided that a statement is furnished with the request for reimbursement that indicates the person contacted, purpose, date and amount. No reimbursement shall be made for personal calls or communications while on official travel.

All miscellaneous costs must be supported with original receipts. Other miscellaneous expenses not identified herein, may be reimbursed provided that the expense is necessarily incurred in connection with official business when authorized and approved prior to travel.

Reasonable incidental expenses for fees and tips given to baggage carriers, bellhops, and hotel maids, do not require receipts.

4. Out of City Travel: Site Visits and Consumer Escort.

Out of city travel for the purpose of conducting a site visit and consumer escort is reimbursed as stated in Section 3 above with the exceptions noted below.

Meal Allowance. The meal allowance shall be at the same rate indicated in Section 3 above with the exception that a partial-day allowance for meals may be authorized for round trip travel less than eight (8) hours when a DMH employee is escorting a consumer.

Transportation. Transportation costs outlined in Section 3 are authorized for the DMH employee, the consumer, and any accompanying family members when approved by the Deputy Director, Fiscal and Administrative Services.

5. Family and Consumer Travel.

DMH will fund travel for a consumer's return to their home state and for placement in out-of-state residential treatment facilities, or to attend conferences and meetings as a representative of DMH. For adults, this travel may or may not be escorted. Periodically travel costs are paid for children who are placed in out of state residential treatment facilities to visit family in DC, for prospective school placements, or to attend to other matters related to continuing care; or for a family member to visit children in out-of-state residential treatment facilities. This is done in accordance with the DMH Child and Youth Services internal guidelines. Transportation should be by the most prudent and cost efficient means at the same rates indicated in Section 3 above.

6. Pre-Employment Travel and Relocation Expenses and Temporary Housing Allowance.

Travel expenditures of Non-DMH employees may be reimbursed by DMH 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 required forms is the responsibility of the employee and the hiring program. Costs will be charged to the hiring program's budget.

Pre-Employment Interview. An individual under consideration for employment for an Excepted Service position by DMH 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 DMH Director prior to the interview. Interviewees may not be authorized to receive travel advances.

Relocation Expenses. DMH 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 only be made 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 DMH for Excepted Service or the Mayor for Executive Service.

DMH 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 that 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.

7. Advance of Funds.

Travel advances may be made to DMH employees for anticipated expenses up to eighty percent (80%) of the estimated travel expenses and one hundred percent (100%) of the registration or tuition fee to be paid by the employee.

Section 10 on the FMS-431 must be completed to request an advance. In order to assure that the employee receives the advance prior to the travel, the approved request for advance must be received by the DMH Office of the Fiscal Officer at least twenty-one (21) calendar days in advance of the travel date. Requests received after this time will be processed, however, the employee may not receive funds in advance of travel.

In the event of cancellation or indefinite postponement of authorized travel, the traveler shall refund the advance within three (3) working days of cancellation or postponement.

The DMH Office of the Fiscal Officer will exercise the right to full collection authority for outstanding advances not fully recovered by deduction from the reimbursement voucher or by voluntary refund shall be recovered from the employee to whom the advance was made in accordance with applicable DC government laws and regulations.

8. Travel Reimbursement Vouchers.

Both local and out of town travel claims for employee reimbursement of previously approved travel shall be submitted to the DMH Office of the Fiscal Officer on the Travel and Related Expenses Voucher (FMS-432). In order to receive reimbursement, original receipts are required and must be attached to the FMS-432, and the employee must sign the FMS-432 over the Penalty for Fraud Statement.

In order to receive reimbursement for local travel, the employee must fully complete the back of the FMS-432 voucher listing the date, travel locations, odometer readings, parking fees and reimbursement calculations. Original parking receipts should be attached to the reimbursement voucher. The FMS-432 must be submitted no later than fifteen (15) days after the close of the month for which travel expenses were incurred. Local travel costs exceeding the monthly allotment will not be reimbursed.

All claims for out of city travel shall be submitted on the Travel and Related Expenses Voucher (FMS-432) within seven (7) calendar days after the traveler returns to his/her official duty station. Hotel receipts, airport transfers, transportation coupon (described in Section 3 above), airport parking fees, rental cars, gasoline receipts, and receipts for other approved miscellaneous costs are required. The original receipts must be organized and neatly attached to the FMS-432. Expenses should be organized and listed by category in the section entitled Character of Expenditure. Incomplete vouchers will be returned to the employee.

When an advance is made to an employee, the employee must indicate the amount of the advance on the "Travel and Related Expenses Voucher" (FMS 432) in the difference section as a negative. If the amount of the advance is more than the amount of the travel cost, the employee shall reimburse DMH via check made payable to the DC Treasurer within seven (7) calendar days after return to his/her official duty station. In the event of cancellation of the requested travel, the employee shall reimburse DMH for the full amount of the advance or return the advance travel check. Additional funds due to an employee will be mailed to the employee's home address provided on the FMS-432 Voucher.

9. Training.

Requests for employee training outside DMH shall be submitted and authorized using DC Government Employee Training Authorization, DC Training Form 1. Requests for funding and reimbursement of out of town training should follow instructions in Section 3, Out of City Travel and Training.

Authorization for funding may be available for tuition expenses only. Textbooks and other course materials are the responsibility of the employee seeking training. Conference registration fees are also considered a training expense and must be authorized accordingly. Reimbursement for tuition or registration shall be authorized only when equivalent training is not offered by DMH, training is directly related to the employee's current duties at DMH, and the employee has not previously attended the training. As such, employees receiving training as a part of their official duties or to retain the employee's license, certification or registration that is required to maintain the employee's current job at DMH, shall be placed on administrative leave during the time of their training.

Since registering agencies and colleges have had difficulty in the past identifying the registrant from the information provided on the tuition check, voucher requests for advance payment of tuition and registration must request pick up by the employee. Requests for advance registration and tuition payment must be received by the DMH Office of the Fiscal Officer at least twenty-one (21) calendar days prior to the date the check is desired. The DMH Office of the Fiscal Officer will hold checks for registration and tuition fees for no more than 48 hours after notifying the employee. Employees must make arrangements to pick up the check to be mailed with their registration form.

The Deputy Director, Fiscal and Administrative Services, may authorize reimbursement of training expenses when the employee pays the cost of tuition directly. The DMH Office of the Fiscal Officer must receive the approved DC Training Form 1 at least three (3) business days in advance of the training. Related travel should be requested on FMS-431, Request and Authorization for Official Travel, at the same time, if applicable. Reimbursement will be made to the employee upon submission of a Voucher Request (Form 430) with an attached original receipt or other original evidence that the tuition cost was paid.

When an employee fails to successfully complete the training course, the employee must reimburse DMH for the cost of tuition. The employee may submit a written request to the DMH Director or designee to waive the repayment to DMH. Funds due to DMH will be considered as an outstanding advance. Outstanding advances not fully recovered by voluntary refund shall be recovered from the employee to whom the advance was made, or his or her estate, in accordance with applicable law and regulation. It is the responsibility of each manager to ensure the employee has completed his/her training.

10. Reimbursement to the Government.

In the event that an employee leaves DMH within six (6) months of completion of travel or training, the DMH Director or designee may determine that government funds paid for the travel or training may be collected from the employee.

see instructions on reverse side

D1 TRANSACTION CODE	(Check One)	FUND 16-18	MO DY YR	D5 YR MO	VOUCHER ID	
	(VTRE) 3-6 ENTER <input type="checkbox"/> (VTRM) 3-6 MODIFY <input type="checkbox"/> (VTRX) 3-6 CANCEL <input type="checkbox"/>	DATE OF VOUCHER 20-25	YEAR-END ADJ PER 50-53	AGENCY 7-8	VOUCHER NO. 9-14	

P A Y E E	D1 ID: 32-64	TYPE	NUMBER	ADD. CODE	NAME AND TITLE OF TRAVELER(S):
	D2 NAME: 4-33 35-64				
	D3 ADDRESS: 4-33 35-64				OFFSET LIABILITY ACCOUNT 55-57

01 LINE NO.	AGY	RESP CTR PROJ/ PHASE	MRU SUB-PROJ	OBJ (Circle One)	SUB-OBJ	REPTG CATG		02 JOB	03 AC-TIVITY	DESCRIPTION	04 ±	AMOUNT
						DIST	AGENCY					
4-7	9-10	12-15	17-18	20-22	24-25	35-38	40-43	45-49	4-7	4-33	57	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 26 Stat. 1141, U.S.C. 277, 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	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 subsistence from _____ at _____ (Date) (Time)		
	to _____ at _____ (Date) (Time) _____ days at \$ _____ a day	XXX	

PREPARED BY: NAME: _____ (please print) DATE: _____ PHONE: _____	AUTHORIZED BY: NAME: _____ (signature) DATE: _____	TOTAL _____ Differences: _____
	CERTIFICATE OF ACCEPTANCE INTO FMS I certify that this document was accepted into FMS. DATE ACCEPTED: _____ BY: _____	
		ADJUSTED TOTAL _____

SEP 01 2004

DC Training Form 1

District of Columbia Government EMPLOYEE TRAINING AUTHORIZATION		<input type="checkbox"/> In-house <input type="checkbox"/> Inter-Agency <input type="checkbox"/> Non-District Government	SPOC Phone No. Fax No.																																																
1. Name of Participant _____		2. Department / Agency, Bureau, Division, etc. _____																																																	
Social Security Number _____																																																			
Tel: _____ Fax: _____		E-mail: _____																																																	
3. Position, Title, Series, Grade and Step: _____		4. Description of Duties: _____																																																	
5. Participant has <input type="checkbox"/> has not <input type="checkbox"/> at least one continuous year of current government service (Federal and DC Government). If not, waiver required.																																																			
6. Continued Service Agreement is <input type="checkbox"/> is not <input type="checkbox"/> required. If required, attach Training Form 1A.																																																			
7. Course Title, Catalog Number, and Description (attach brochure or announcement). _____																																																			
8. Training Period		9. Number of Course Hours																																																	
From: _____ To: _____		On Duty: _____ Off Duty: _____ Total: _____																																																	
10. Name and Address of Training Vendor: _____		11. Location of Training Site: _____																																																	
12. Cost While in Training Paid by (incl. paid leave) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%;">Appropriation</th> <th style="width:20%;">Grant, etc.</th> <th style="width:30%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Salary</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Benefits</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Tuition</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Fees</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Books / Materials</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Total</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>			Appropriation	Grant, etc.	Employee	Salary	\$ _____	\$ _____	\$ _____	Benefits	\$ _____	\$ _____	\$ _____	Tuition	\$ _____	\$ _____	\$ _____	Fees	\$ _____	\$ _____	\$ _____	Books / Materials	\$ _____	\$ _____	\$ _____	Total	\$ _____	\$ _____	\$ _____	13. Related Cost Paid by: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%;">Appropriation</th> <th style="width:20%;">Grant, etc.</th> <th style="width:30%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Travel (incl. taxi, bus)</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Per Diem (incl. lodging, meals)</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other (specify) _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Total</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>			Appropriation	Grant, etc.	Employee	Travel (incl. taxi, bus)	\$ _____	\$ _____	\$ _____	Per Diem (incl. lodging, meals)	\$ _____	\$ _____	\$ _____	Other (specify) _____	\$ _____	\$ _____	\$ _____	Total	\$ _____	\$ _____	\$ _____
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14. Accounting Classification and Order Number: _____		16. Signature & Title of Funding Office (cert. of available funds)																																																	
15. Billing Instructions (forward invoice to): _____		_____ Signature Date Name and Title: _____																																																	
APPROVALS																																																			
17. I request approval of this training as being necessary to the work of this unit for the following reasons:																																																			
_____ Signature of Immediate Supervisor		_____ Name, Title and Office Phone Number																																																	
18. Department Head (or designated official)		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved																																																	
_____ Signature		_____ Name and Title																																																	
19. Director of D.C. Office of Personnel or Designee—Certification and Concurrence		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved																																																	
_____ Signature		_____ Name and Title																																																	
20. Remarks (include reasons for non-approval):		21. Certification of Training Completion																																																	
		_____ Signature Date																																																	
		_____ Name, Title and Office Phone Number																																																	

FOR CWD USE ONLY DATE ENTERED: _____

Confirmation Sent: _____

Note: _____

SEP 01 2004

D.C. TRAINING FORM 1

INSTRUCTIONS FOR COMPLETING EMPLOYEE TRAINING AUTHORIZATION

GENERAL

DC Training Form 1 (Rev. 11/82) replaces all previous editions of Training Form 1, Optional Form 37, and Training Form 8. Training Form 1 is to be used in all instances of training, whether in-house, interagency, or non-District, as a means of authorizing the training, the use of duty time, and the payment of training and related costs, and as a record document. All requested information must be furnished for approval of this form.

SPECIAL ITEMS

Upper right corner block. Check type of training facility, as follows:

In-House: means within the specific District department/agency
Interagency: means from another District department/agency
Non-District: means all other sources, including Federal, other State, or local educational institutions, or private organizations or individuals.

- 5-6 Required for interagency or non-District training only. Mandatory in these cases.
- 5 If less than one year of service, consult DPM Chapter 13 for waiver authority. Request for waiver should be entered in "Department Head" block (item #18). If waiver is granted by director of personnel, citation of authority will be entered in "Remarks" (item #20).
- 6 If training exceeds 80 hours (see item #9), or \$500 in tuition and related fees, complete Continued Service Agreement, Training Form 1A, and attach.
- 7 Attach brochure, announcement, or catalog description; photo copy is acceptable.
- 8 Show actual dates of training only. Do not include travel time.
- 9 Show only time actually spent in training. Do not include travel time.
- 10 State name and mailing address of school or other organization conducting the training, as shown in course announcement.
- 11 If same as item #10, enter "same." If different, enter complete information.
- 12 All costs of training are to be shown, and by whom paid. If there is no cost for a particular item, state "none." Compute salary for actual hours spent in training. Compute benefits as 10 percent of salary for time in training.
- 13 All related costs of training are to be shown, and by whom paid. If there is no cost for a particular item, state "none." All travel and per diem must be in accordance with government travel regulations and current DC regulations.
- 14 Enter here appropriation symbol and MER number. Mandatory item.
- 15 Enter mailing address of agency disbursing office.
- 16 Mandatory item if DC funds (appropriated, grant, or otherwise controlled by department or agency) are to be used to pay training costs.
- 17 Reasons must be stated why training is necessary.
- 18 Must be signed by department head or subordinate official to whom delegated authority has been given, in writing, in accordance with the "District Personnel Manual."
- 19 Signature not required for in-house training that is less than eight hours in length, or when authority has been delegated to the department/agency. Mandatory item for all other training.
- 20 If additional space is necessary, attach separate sheet.

To be completed by official designated by nominating department/agency head.

VOUCHER

DMH Policy 750.2A
Exhibit 6-5e

SEP 01 2004

TRANSACTION CODE 3-6				(Check One)			FUND 16-18			DATE OF VOUCHER 20-25			VOUCHER ID			
ORDER / CONTRACT		ENTER (VOCE) <input type="checkbox"/>	MODIFY (VOCM) <input type="checkbox"/>	CANCEL (VOCX) <input type="checkbox"/>		MO			DY			YR			AGENCY 7-8	VOUCHER NO. 9-14
MISCELLANEOUS		(VMSE) <input type="checkbox"/>	(VMSM) <input type="checkbox"/>	(VMSX) <input type="checkbox"/>												
INTRA - DISTRICT		(VIDE) <input type="checkbox"/>	(VIDM) <input type="checkbox"/>	(VIDX) <input type="checkbox"/>												

DISCOUNT AMOUNT 27-39		DISCOUNT DATE 41-46			D4 LAST RECEIPT DATE 35-40			D5 YEAR-END ADJ PERIOD 50-53			OFFSET LIABILITY ACCOUNT 55-57	
		MO DY YR			MO DY YR			YR MO				

VENDOR INFO.	D1 ID: 52-64		TYPE		NUMBER		ADDRESS CODE		D5		FUND 4-6		AGENCY 8-9		RESP CENTER 11-14	
	D2 NAME: 4-33								INTRA-DISTRICT SELLER ONLY		MRU 16-17		REVENUE SOURCE 19-22		JOB 24-28	
	D3 ADDRESS: 4-33 33-39		City & State		Zip											

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

DESCRIPTION															D6		TOTAL RETAINAGE		TOTAL AMOUNT	
																	34	36-48	50	52-64

D6	PREPARED BY: TO INCLUDE CERTIFICATION OF RECEIPT OF GOODS <input type="checkbox"/> 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: <input type="checkbox"/> PAGE _____ OF _____		
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