

STATE OF COLORADO

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

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Bill Ritter, Jr.
Governor

Major General
H. Michael Edwards
The Adjutant General

Policy Title: DMVA Travel Procedures

Subject: State Government Travel

Effective Date: 1 August 2009

Summary: Provides procedure and guidance for State travel

Applicability: DMVA Employees

Staff Proponent: DMVA Controller

Supersedes: All Previous Travel Policies

Official:

William L. Robinson
Deputy Director

Distribution:

Website
DMVA Supervisors

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

TRAVEL PROCEDURES

1. GENERAL GUIDELINES:

- 1.1. Travelers that are reimbursed by the State are subject to State Fiscal Rule 5-1. Any changes in those rules supersede DMVA policies, rules, and regulations.
- 1.2. All expenses must be for official business.
- 1.3. All travel must be approved in advance.
 - 1.3.1. In-state travel [must be](#) authorized by the traveler's supervisor.
 - 1.3.2. Out-of-state travel requires prior written authorization by the Deputy Director and the Executive Director, in addition to the Supervisor (see 1.3.4).
 - 1.3.3. A completed Out-of-State Travel Request and Authorization form is required for all travel outside Colorado (see attachment 1).
 - 1.3.4. Travel to Washington D.C. must [also](#) be authorized by the Governor's Washington, DC assistant. An e-mail copy of the [notification to be](#) sent to the Governor's Washington, DC assistant.([see attachment 4](#)).
- 1.4. All travel involving Federal funds requires written approval from the appropriate Program Manager.
- 1.5. Travelers should use the State Travel Card for lodging and car rental expenses whenever possible.
- 1.6. Under certain circumstances advance travel pay may be granted up to the amount of the allowed per diem (See section 5, Travel Advances).

2. TRAVEL CARD GUIDELINES:

- 2.1. The State Issued Individual Travel Card is a Visa credit card issued to the individual employee for use when traveling on state business.
 - 2.1.1. It is to be used only for official DMVA travel.
 - 2.1.2. It is to be used only for reimbursable expenses.
 - 2.1.3. It is billed to employee, employee responsible for payment.
- 2.2. Liability for Payment: Travel cards carry individual liability, with contingent liability, and charges made on such cards are not tax exempt. The State is liable for reimbursing employees for legitimate travel expenditures, but is not liable for any [personal](#) or fraudulent charges.
- 2.3. All cardholders are required to sign a cardholder agreement. The cardholder agreement obligates travelers to use the card for official travel only. Reporting lost or stolen cards - By contract, cardholders are required to report lost or stolen travel cards immediately. Lost or stolen cards are to be reported by phone to 800-344-5696. Written notice of such loss is also

to be sent to US Bank promptly, within two business days to US Bank Corporate Customer Service, Attn: BARS, PO Box 6343, Fargo, ND 58125-6343, and by phone to Allison Gard 720 250-1540.

3. BOOKING TRAVEL ARRANGEMENTS:

3.1. Airfare

3.1.1. Flights should be booked through the State authorized travel agency for DMVA. The Department has an account (referred to as the Ghost Card) to which approved travel bookings can be billed and paid directly by DMVA. (You cannot claim reimbursement for amounts paid by this account.). Note: You may book your own travel and claim reimbursement, but you will only be reimbursed up to the limit of the State contract rates (often higher than Expedia, Orbitz, etc.)

3.1.2. Authorized travel agencies

~~3.1.1.1.~~**3.1.2.1.** Carlson Wagonlit Travel -1-800-309-1670. (Also can book personal travel). Advise the travel agent that you are with DMVA and provide control number from the Out of State Travel Authorization.

3.2. Vehicle rentals

3.2.1. Vehicles must be rented from an approved rental company if:
Your travel is located in a city offering a State approved agency,
The agency has the class of vehicle necessary,
The agency honors the terms of the basic ordering agreement.
Note: You must tell the agency that you are a State of Colorado employee.
Use of the State contracted agencies and rates carry liability coverage. Check with your personal insurance before renting from any non-contract agencies.

3.2.2. Approved rental agencies:

Avis	1-800-525-7521 ext. 1213
Advantage	1-866-677-9889
Budget	1-800-621-2844
Enterprise	1-800-593-0505

3.3. Lodging

3.3.1. The State Lodging Directory provides hotel options for official State of Colorado business travel. Both in state and national/international hotel listings are permissive--travelers are encouraged but not required to use these hotels. Travelers who attend conventions may need to pay convention rates to receive all convention benefits--even if that rate is higher than our government rate. To get a list of lodging on the state price agreements (or any travel questions), go to https://ids-online.colorado.gov/dcs/travel/lodging_info.asp

For further information, visit the [State Travel Management web site](http://www.colorado.gov/dpa/dcs/travel) at www.colorado.gov/dpa/dcs/travel.

4. REIMBURSEMENT

4.1. Allowable expenses paid by the traveler are reimbursed on the State Travel Expense reimbursement form (see attachment 4). The traveler shall claim reimbursement only for the actual expense amounts that are for the traveler and not reimbursed from any other source. For example, to request reimbursement for charges shown on the credit card receipt (meals for the traveler and another traveler) which are reimbursed from another source, (the federal

government, other travelers) is considered to be fraud. Fraud will result in disciplinary actions, up to and including possible termination of employment.

4.2. Reimbursements will be paid within fourteen days after receipt of a correctly completed form. Beginning July 1, 1009, all employee reimbursements will be paid by electronic funds transfer (EFT). Travelers must file reimbursement requests within 30 days of completion of travel or risk non-reimbursement.

4.3. Mileage reimbursement rate for use of privately owned vehicle is \$.50 beginning January 1, 2009. CRS 24-9-104(2).

4.4. Meal Per Diem will be reimbursed at the State qualified rate for each meal the traveler would have normally have eaten while traveling. (See attached list of high cost areas within Colorado.) When meals are included in conference fees, registration fees, or are otherwise furnished at no additional cost to the traveler, no reimbursement shall be made for the meal. Breakfast will be paid on the first day of travel if the traveler departed home before 0500. Lunch will be paid on the return day only if the return time is after 1300. Dinner will be paid on the return day if the traveler returned after 2000. The per diem rate is based on where the meal is eaten.

4.5. Incidental per diem will be paid at \$3.00 per day to cover costs of incidentals such as phone calls. This payment will be pro-rated based on the number of reimbursable meals during the day, i.e. if travel began at 10 AM, the reimbursement would be \$2.00

4.6. Disallowed costs are non-reimbursable travel expenses and include the following:

4.6.1. Alcoholic beverages purchased by the traveler.

4.6.2. Entertainment expenses paid by the traveler.

4.6.3. Personal expenses incurred during travel that are primarily for the benefit of the traveler and not directly related to the official purpose of the travel.

Examples include the purchase of personal hygiene items, magazines, movie rentals, and other miscellaneous items.

4.6.4. Political expenses paid by the traveler.

4.6.5. Travel to a temporary work location

5. TRAVEL CASH ADVANCES

5.1. Travel advances of \$500 or less, shall be obtained by using the State Travel Card whenever possible. CRS 24-30-202(20.1). Contact Procurement at 720 250-1540 to arrange this. If the traveler does not have a card, they may request a cash advance. Requests for cash advance must be approved by the supervisor, the Deputy Director, and authorized by the Controller. Approved applications must be in the DMVA Accounting office at least 10 days before the cash is required. Cash will not be released prior to 5 days before travel. (See attachment 3.)

6. HOSTING DEPARTMENT EVENTS:

6.1. If you are hosting a Department event, an event account can be set up with the vendor and charges can be made directly to the account. It can pay for:

6.1.1. Hotels - paid directly by agency, no tax

6.1.2. Car rental - paid directly by agency, no tax

6.1.3. Conference expenses such as meeting rooms and group meals.

6.2. To use the Event card, make your preliminary reservations and contact the Event Card Coordinator 720-250-1540. An Authorization Letter will be provided to the merchant by the Coordinator.

6.3. Official function form (See attachment 5) with original Executive Director's signature is required.

6.4. Event card shall not be used by individual travelers.

7. Per Diem Rates (Subject to change by the Office of State Controller)

Regular Rate		High Cost Areas				
Breakfast	7.00	8.00	9.00	10.00	11.00	12.00
Lunch	11.00	12.00	13.00	15.00	16.00	18.00
Dinner	18.00	21.00	24.00	26.00	29.00	31.00
Incidental	3.00	3.00	3.00	3.00	3.00	3.00
Total	39.00	44.00	49.00	54.00	59.00	64.00

If travel is wholly within a single day, reimbursement for lunch shall not be allowed. If, however, an employee leaves home on official business prior to 5:00 a.m. and/or remains away from home after 8:00 p.m. and the official business requires the employee to extend the workday, the approving authority may allow a meal allowance for breakfast and/or dinner for the traveler. If you are allowed breakfast and/or dinner, this amount will be included on your W-2 (Wage and Tax Statement).

8. TRAVEL CLAIM CHECKLIST (See sample at attachment 2)

- Report all travel with travel date(s), location(s), and departure & return time(s).
- Attach the signed pre-approved Out of State Travel Form.
- State the purpose of the trip
- Attach a copy of the conference agenda or schedule if travel was for attending such an event. (This should document registration fees and any meals provided by the conference host.)
- List persons and agencies contacted.
- Fill in employee name and sign the form.
- Obtain supervisor's signature. (Also program manager's signature, if applicable).
- Attach all receipts. Receipts are required on all registration fees, rental cars, hotels, and airline tickets. Receipts are also required for the following items in excess of \$25.00: Commercial transportation (shuttles, taxis, etc.), camp site fees, parking fees; any single charge for telephone, fax, internet access or similar business expenses.

9. Travel to a temporary work location

9.1. Reimbursement not resulting in W2 income – A traveler may be reimbursed for transportation expenses to a temporary work location as an IRS qualified reimbursable nontaxable travel expense only if:

9.1.1.1. The temporary work location is outside the metropolitan area of both the traveler's residence and traveler's regular work location, and

9.1.1.2. The traveler normally lives and works in the same metropolitan area. If the traveler normally lives in one metropolitan area and commutes to his or her normal work location that is outside that metropolitan area, then the traveler cannot be reimbursed for transportation expenses to a temporary work location.

9.1.9.2. The Reimbursement resulting in W2 income. The maximum miles that a State Agency may reimburse a traveler is the positive number or miles between the traveler's residence and

the temporary work location less the normal commuting miles from the traveler's residence to the traveler's normal work location. Such reimbursement constitutes taxable income to that traveler and must be reported to the Agency's payroll office for the required tax withholding to occur.

10. Attachments:

1. Out-of-State Travel Request and Authorization
2. Travel advance form
3. Sample Request for Travel Reimbursement
4. Washington DC Travel

11. If you have any questions or comments, please contact the Accounting Office at 720 250-1531.

12. FREQUENTLY ASKED QUESTIONS:

- Where can I get necessary forms?
 - Blank forms can be found on the DMVA website at www.dmva.state.co.us Click on Department of Military and Veterans Affairs, then click Policies and Regulations and go to forms.

- Where can I find the State Fiscal Rule on the travel policy?
 - SFR can be found at [http://www.colorado.gov/dpa/dfp/sco/FiscalRules/Fiscal_Rules_Manual\(1-01-09\).htm](http://www.colorado.gov/dpa/dfp/sco/FiscalRules/Fiscal_Rules_Manual(1-01-09).htm)
[Click on Fiscal Rule 5-1](#) Travel

- How long does it take for me to receive my travel reimbursement?
 - It will take about two weeks to receive your reimbursement. However, it will take longer if your travel claim is held by the Accounting and Finance Office because it needs additional documentation or if there is an item needing clarification.

- What do I do if I want my reimbursement to be deposited directly into my bank account?
 - You have to be a state employee to request an EFT deposit. You need to contact our Accounts Payable Tech at (720) 250-1534 to set up an EFT deposit. It usually takes about three weeks to process the initial transaction. Effective July 1, 2009 all employee reimbursements will be direct deposited.

- Is there a time constraint as to when I should submit my travel claim?
 - We recommend that you submit your travel claim as soon as your trip is completed. It is especially important for you to do so before the State year end which is June 30. (If federal money is involved, you need to submit your claim as soon as possible especially around September 30.)
 - Those that are accumulating mileage only should submit a monthly request by the 7th of the subsequent month.

- What if I don't see the per diem rates of the city/county I visited on Appendix A - Per Diem Rate Chart?
 - If you can't find the city and county from this chart, you need to use the base rate of \$39.00 in the total.
 - For example, you visited the city of Alamosa. Alamosa is not listed under the city key. Find the county of Alamosa. In this case, Alamosa is in Alamosa County. You still don't see Alamosa under the county location chart either. Therefore, you will use the \$39.00 per diem rate.
 - Another example, you visited the city Ft Collins. Ft Collins is not listed under the city key. Find the county for Ft Collins. Ft Collins is in Larimer County. Under the county location column, it shows \$44.00.

- If I visited more than one city, how do I report that?
 - Meals are based upon the rate for each city. You need to report departure and arrival times for each city. This information is used to determine which per diem rate is allowed. It is always a good practice to put as much information as possible.

Attachment 1

Colorado Department of Military & Veterans Affairs
Out-of-State Travel Request and Authorization

Traveler's (indicate employee/non employee)Name		Funding Source			
		<input type="checkbox"/> State	<input type="checkbox"/> Federal 100%		
		<input type="checkbox"/> Federal 80%	<input type="checkbox"/> Federal 75%	<input type="checkbox"/> Cash Exempt	
Work Location & phone number		Fund No.	Org. Unit	Appr.	GBL/Program
Destination (City & State)		Purpose of Travel			
Contact Person and Name of Organization At Destination					

Estimated Expenditures	
Transportation - Air	\$
Transportation - Other	\$
Meals	\$
Lodging	\$
Registration Fee	\$
Incidental Expenses	\$
Total	\$.0

Mode Of Travel	
(Check All That Apply)	
<input type="checkbox"/>	State Plane
<input type="checkbox"/>	State Vehicle
<input type="checkbox"/>	Rental Vehicle
<input type="checkbox"/>	Personally Owned Vehicle
<input type="checkbox"/>	Commercial Plane
<input type="checkbox"/>	Other

Traveler Has State Travel Card Check Here If Travel Advance Is Requested

Remarks: (Travel to Washington D.C. must be authorized by the Governor's Washington DC assistant. Attach an e-mail copy of the request sent to the Governor's Washington DC assistant).

Date and Time/Location of Departure		Date and Time of Return	
Contact Person	Phone	Fax	
Non-State Employee(s) Traveling In State Vehicle, Rental Car, or State Plane			
Signature of Traveler		Date	
Required Signatures (As Applicable)		Signature Date	
Traveler's Supervisor name & signature			
Federal Program Manager name & signature			
Additional Information/Remarks			

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Deputy Director's Authorization Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Executive Director's Signature	Date

Control # _____

Attachment 2

REQUEST FOR TRAVEL ADVANCE

Travel Date:			
Destination:(City & State)			PHONE:
Today's date:	EID#:	POSITION #:	
EMPLOYEE TYPE * (Check One)	PERMANENT ()	TEMPORARY ()	OTHER (SPECIFY) ()

I request a travel advance in the amount of \$ _____, by _____ (date). I have a State of Colorado US Bank Travel Card:
Yes **No**

DATE TRAVEL IS CONCLUDED	
REASON FOR TRAVEL ADVANCE	
EMPLOYEE NAME & SIGNATURE:	
SUPERVISOR NAME & SIGNATURE:	
FISCAL OFFICER NAME & SIGNATURE:	

Comment [1]: <!--[if !supportMisalignedColumns]-->

If this is a request for travel advance for Out-of-State travel, the approved authorization for the Out-of-State request must be attached to this request.

RECEIPT FOR TRAVEL ADVANCE

I hereby appoint and constitute the State Controller or delegate my attorney-in-fact for the purpose of receiving all funds due me and reimbursing the State of Colorado therefrom and may demand and receive any moneys or credits payable to me from the State of Colorado to the extent necessary to accomplish said reimbursement. I will file a travel reimbursement voucher within 5 working days of the month end in which the travel occurred and will repay any travel advance previously paid to me from the approved travel expense reimbursement voucher. If I cease to be employed by the State of Colorado, I hereby authorize this advance to be reimbursed to the State by payroll deduction from any moneys or credits payable to me from the State of Colorado. I hereby ratify all that my said attorney-in-fact shall lawfully do or cause done hereunder. (If you are a temporary or other employee (i.e., student), an authorized permanent employee must also sign for the responsibility of repayment of this travel advance.)

EMPLOYEE NAME:	
EMPLOYEE SIGNATURE:	

ACCOUNTING USE ONLY									
			APPR	BS or	OBJECT	REPT			
FUND	AGY	ORG	CODE	PRGM	CODE	GBL	CAT	AMOUNT	

Request for Travel Advance.doc

Attachment 3

STATE OF COLORADO
TRAVEL EXPENSE

DEPARTMENT Military & Veterans Affairs	DIVISION OR AGENCY OAA	MONTH YEAR
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Date	TRAVEL		Time Depart	Time Arrival	MILEAGE			MEALS AND LODGING				Total Reimbur Items	
	FROM	TO			No. Miles	Rate Per Mile	Total	Bkst.	Lunch	Dinner	Parking		Total
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
					0	0.50	0.00					0.00	0.00
TOTALS					0	0	0	0.00	0.00	0.00	0.00	0.00	0.00

MISCELLANEOUS EXPENSE:	0.00
PURPOSE OF TRIP:	LESS TRAVEL ADVANCE
	TOTAL
	0.00

PERSONS AND AGENCIES CONTACTED:

I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other source; that travel performed for which reimbursement is claimed was performed by me on State business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis.

PAYEE SIGNATURE	DATE	SOCIAL SECURITY NUMBER
PAYEE PRINT	MAIL ADDRESS	

RECOMMENDED FOR APPROVAL		
FISCAL OFFICER	SUPERVISOR	APPROVING AUTHORITY

Type	FUND	AGENCY ID	ORG	APPR	PROGRAM	OBJ	-SUB	B/S	GBL	RPTG	PROJECT	AMOUNT
All Other												0.00
Carrier												0.00
Per Diem												0.00
Mileage												0.00

Shaded areas to be completed by the Accounting Office TOTAL 0.00

Attachment 4

WASHINGTON, D.C. TRAVEL PLANS

Forms should be submitted to: Kyle Miller (kyle.miller@state.co.us), or fax (303) 866-2003

State Agency:

Traveling Employee Name:

Address:

Work Phone:

Traveling from:

Dates of Travel:

Estimated Cost of Travel:

Expected Source of Payment:

Purpose of Trip:

List each appointment scheduled or anticipated with congressional members, their staff, or federal government or agency personnel:

List all topics or issues that will be discussed with the above mentioned:

Authorizing Name:

Approving travel to Washington, D.C. MEMO:

http://www.state.co.us/gov_dir/gss/cen/travel1/stmp/dc_travel_memo.pdf

Complete the "Purpose for Travel" form:

http://www.state.co.us/gov_dir/gss/cen/travel1/stmp/travel_auth_washdc_purpose_for_travel1.pdf