

## Travel Authorization/Expense Report/Reimbursement Process:

**Estimated** Volume: 125 per month, in the case of disaster response this number would be much higher. We expect seven(7) scanned documentation pages per order.

**Estimated** Users: 1,350; Approvers: 250; Workflow Managers: 10, Concurrent Users: Unknown.

The **rough** outline of the process moves in stepwise fashion:

1. Traveler fills out Travel Order (TO) (attached pdf)
2. TO workflow to supervisor for approval
3. TO workflow to Comm/AsstComm/DivisionDirector for approval
4. TO Routed back to Traveler
5. Traveler completes Travel Authorization (TA) based on TO
6. TA workflow to Comptroller for Funds Certification
7. TA workflow to Division for Approval
8. TA workflow to Comm/AsstComm for Approval
9. TA workflow to Traveler
10. Traveler travels per approved TA
11. Traveler completes Travel Voucher (TV), attaches receipts and Approves (worksheets three and four in the attached Excel file)
12. TV workflow to supervisor/approver
13. TV workflow to verifier
14. TV workflow to Comptroller travel administrator

Each step records date, time and user.

All the above are happy-path, non-happy path flows back to Traveler. "Approved" in the above would be in the form of an internal eSignature.

### TRAVEL AUTHORIZATION

In-State \_\_\_\_\_ Out-of State \_\_\_\_\_ Out of Country \_\_\_\_\_ Travel Advance \_\_\_\_\_ PTE Authorized \_\_\_\_\_

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#### TO BE COMPLETED BY TRAVELER

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Division Name: \_\_\_\_\_

Travel Date From: \_\_\_\_\_ To: \_\_\_\_\_ Destination(s): \_\_\_\_\_

Conference/Meeting Name: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

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Travel Advance Amount: \_\_\_\_\_ Prior to Trip Expense / Authorized: \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_ Fund Source: General or Special *Complete Payment Info below, if known*

Total Actual Cost: \_\_\_\_\_ Difference in Estimated and Actual Cost: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### TO BE COMPLETED BY AGENCY/INSTITUTION (As required by individual Agency/Institution)

Funds Certification: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Division Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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#### TO BE COMPLETED BY DEPT. OF FINANCE AND ADMINISTRATION For Travel Outside the Continental U.S.

Budget Analyst Fund Certification: \_\_\_\_\_ Date: \_\_\_\_\_

DFA Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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#### TO BE COMPLETED BY DEPT. OF FINANCE AND ADMINISTRATION For Excess Expenses Incurred on Travel Outside the Continental U.S.

Budget Analyst Fund Certification: \_\_\_\_\_ Date: \_\_\_\_\_

DFA Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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#### PAYMENT INFORMATION

SAAS Agency #: \_\_\_\_\_ Activity: \_\_\_\_\_ Trip #: \_\_\_\_\_

SPAHRS Agency #: \_\_\_\_\_ Org: \_\_\_\_\_ Cat: \_\_\_\_\_

Fund #: \_\_\_\_\_ Sub Org: \_\_\_\_\_ Proj: \_\_\_\_\_

**INSTRUCTIONS FOR TRAVEL AUTHORIZATION**

1. A separate form must be completed for each traveler and travel type (e.g., in-state, out-of-state, out-of country).
2. Complete all applicable items and obtain approval PRIOR to commencing travel.
3. All travel outside the continental limits of the United States must be approved by the Department of Finance and Administration prior to departure. Travel to Alaska no longer requires such approval, but travel to Hawaii or Puerto Rico does.
4. If actual expenses exceed the estimated expenses on travel outside the continental limits of the United States, the original form shall be resubmitted showing the excess charges and again approved by the Department of Finance and Administration.
5. Be as accurate as possible in estimating costs, including gratuities, taxis, or any other applicable travel expenses.
6. The travel advance should include travel related costs paid by the traveler, not expenses paid directly by the agency (e.g. pre-paid registration, travel account charges). If an advance is not settled within 10 working days after the end of the month in which travel is completed, the traveler's paycheck WILL be held until the debt to the State is resolved. Only two outstanding advances are allowed at any time. Additional advances require DFA approval.
7. The Prior to Trip Expense authorization is granted for any lodging or public transportation purchases to be paid by the traveler prior to traveling.
8. A copy of this approved form along with supporting documentation must be submitted with the travel voucher form 13.20.10 in order to receive reimbursement.
9. For detailed line instructions, see MAAPP manual section 13.20.20.

**WORKSHEET**

	Estimated Cost	Actual Cost
Airfare:	_____	_____
Meals:        _____ Days @ _____ /Day	_____	_____
Lodging:      _____ Days @ _____ /Day	_____	_____
Registration Fee:	_____	_____
Rental Car:    _____ Days @ _____ /Day	_____	_____
Mileage:        _____ Miles @    \$0.54 /Mile	_____	_____
Other:	_____	_____
	_____	_____
	_____	_____
Total	=====	=====

## TRAVEL VOUCHER

State of Mississippi: \_\_\_\_\_  
(Agency or Institution)

PIN/WIN: \_\_\_\_\_

Name: \_\_\_\_\_ PID#: \_\_\_\_\_

Address: \_\_\_\_\_

Check One:	
Employee	
Contract Worker	
Board Member	

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from

\_\_\_\_\_ to \_\_\_\_\_. The itemized statement follows.

Check Box(es):	In-State		Out-of-State		Out-of-Country		PTE Request

Prior to Trip Expenses (PTE):	
Lodging	
Public Carrier (Airfare)	
Registration	
Trip #	
Travel Order #	
SAAS Ag #	
SPAHRS Ag #	
Fund #	
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Registration	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier (Airfare)	
Other:	
Sub Total	
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Less: PTE Registration	
Less: PTE Other	
Net Payment (Overpayment)	

Subject to any difference determined by verification, I certify that the above claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

Traveler: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Itemized Statement of Travel Expense**

SPAHRs Ag #: \_\_\_\_\_ Name: \_\_\_\_\_

PID#: \_\_\_\_\_

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses	
										Item	Amount
<b>Non-Taxable</b>			<b>Non-Taxable</b>						<b>See Attached</b>		
										Other Exps	
										Other Exps PTE	
Total											
<b>Taxable Meals</b>			<b>Taxable Meals</b>								
Total											
		Mileage Reimbursement Rate	0.540	(\$.54 if no state vehicle available; \$.19 if state vehicle is available)							
		Total Mileage Dollar Amount-Non Taxable									

### Other Authorized Expenses Detail

Date	Expense	Amount
	Public Carrier - Airfare	
	Registration Fees	
	Rental Vehicle	
	Other Public Carrier (Bus, Taxi, Shuttle)	
	Fuel for Rental Vehicle Only	
	Tolls	
	Parking	
	Business Related Internet and Fax Services	
	Tips (Total of ALL tips)	
	Baggage Fees	
	Business Related Postage	
	Other	
	Total	\$0.00

### Travel Card Expenses

Date	Expense	Amount
	Public Carrier - Airfare	
	Registration Fees	
	Lodging (room only, no incidental expenses allowed)	
	Rental Vehicle	
	Other Public Carrier (Bus, Taxi, Shuttle)	
	Fuel for Rental Vehicle Only	
	Tolls	
	Parking	
	Business Related Internet and Fax Services	
	Total	\$0.00

**\*\*PLEASE ENTER AMOUNTS & DATES for Applicable Expenses\*\***