

INCORPORATED DOCUMENT

Conference Travel Guidance Document

All travel submissions must be completed in accordance with SEFBHN policy #511.00 which is in line with DCF travel policy CFOP 401-1.

A. Step 1: Authorization to Incur Travel

Prior to travel commencement, DCF Form DFS-AA-13, "Authorization to Incur Travel Expense" must be completed, signed by the traveler and the supervisor. This form must contain the destination and the purpose of the trip as well as an explanation of how this travel occurrence benefits the agency and/or the State of Florida. Other information to be included on this form is mileage, meals, hotel stay, tolls, parking, etc. if these amounts aren't known, a "guesstimate" of their cost can be provided on this form. A completed, sample form has been included for reference. This form must be completed and approved prior to the travel event commencing.

B. Step 2: Vicinity Mileage Trip Log

DCF Form, C676VM – this is completed upon return and reflects the starting and ending address of the travel event as well as the time of departure and arrival time (both to and from the conference destination). The departure and arrival time is important especially on the return trip to determine the meal or per diem allowance granted to the employee/traveler. This form is completed in excel but saved as a PDF. Mileage can only be reimbursed up to 44.5 cents per mile.

C. Step 3: Travel Voucher

DCF Form, DFS AA-15 – "Voucher for reimbursement of travel expenses." This form must be completed to be reimbursed for travel expenses. This form contains all the information included in the vicinity/mileage trip log as well as the authorization to include travel form. You must enter the date and time of the departure and return as well as the address being traveled to and the return address. This form is complete in excel with instructions on the right side of the screen. On this form, you will include parking, tolls, hotel costs in the "incidental expenses" column on the spreadsheet. If the agency has paid for any items prior the traveler's departure, i.e., hotel stay – that amount must be subtracted from this form. To do that, the amount already covered should be entered in the "less non-reimbursable items included on the purchasing card." For example, if John Q. Travel stayed in a hotel for a conference and the hotel stay was already covered by the agency in the amount of \$400; that \$400 would be entered into the cell noted above. Please note – although this form is completed in Excel; please save as a PDF. Once filled out, the travel voucher is signed off by the employee/traveler and then approved by the supervisor and submitted to the agency's budget office for final review and approval and then reimbursement. A completed, sample form has been included for reference.

****All of these forms will be completed, signed and turned into your budget office with the following: conference registration showing the registration amount, toll receipts, hotel receipts and hotel parking receipts.****



VICINITY/MAP MILEAGE LOG

*Name: _____

*Office Address: _____

*PF ID: _____

*Home Address: _____

Line #	*Date	*Actual Point of Origin	*Point of Destination	*Purpose of Travel	Shortest Distance Notation	*Departure Time am/pm	*Arrival Time am/pm	*Beginning Odometer	*Ending Odometer	*Map Mileage	*Vicinity Mileage	Incidental Type	Incidental Amount
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
Totals (for all pages):										0	0		0.00

By providing the electronic signature in STMS, I, _____ am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature will be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

***Travel to/from home is a benefit to the state.**
****Not Actual Mileage. The claim is to/from HQ as a benefit to the State.**
*****1+ hour before/after normally scheduled work hours.**

STATE OF FLORIDA AUTHORIZATION TO INCUR TRAVEL EXPENSE	NAME John Q. Travel	OFFICIAL HEADQUARTERS Jupiter	DATE 03/15/2024
	DEPARTMENT Mental Health	DIVISION	

DESTINATION AND PURPOSE OF TRIP	ESTIMATED COST			TRAVEL PERIOD – April 2024																																
	TRAVEL	PER DIEM	OTHER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Behavioral Health Conference April 1 st - April 4th The Happy Hotel - 1234 Happy Way, Orlando, Florida	125.00	80.00		X	X	X	X																													
				Hotel Stay: \$ \$400 Parking: \$80.00 Meals: 36.00 Tolls: \$26.00 Conference Registration Fee: \$175.00 Total travel "guesstimate": \$922.00																																

CONFERENCE OR CONVENTION TRAVEL: EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA.

This conference will allow peers and frontline staff to network among each other, see the latest trends in mental health treatment and observe/learn how other like-minded agencies across the state offer services to those in need.

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

SIGNED	APPROVED BY – SUPERVISOR	DATE	APPROVED – AGENCY HEAD	DATE
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STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVELING EXPENSES
---- Children and Families ----

Traveler: John Q. Travel
Office Address: 1070 East Indiantown Road, Suite 408
City: Jupiter State: FL Zip Code: 33477
Mark One (X): Regular Employee OPS Employee Non-Employee/Indepen. Contractor

PF ID: _____
Headquarters: Jupiter
City of Residence: Stuart

Date 2024	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Class A and B Meals	Per Diem or Actual Lodging Expenses	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses	
									Amount	Type
04/01/24	Office to 1234 Happy Way, Orlando	Behavioral Health Conference	6:00am		400.00		125		13.00	Tolls
04/02/24	remain in Orlando			36.00			87			
04/03/24	remain in Orlando			36.00					80.00	parking
04/04/24	return home		8:00pm		80.00				13.00	Tolls

I acknowledge that I can claim full meal allowance allowed by law for a meal (not included in a convention/conference fee) provided by a hotel or airline (CFOP 40-1, para. 5-3e). Mark here (X) to acknowledge that you are entitled to the full meal allowance provided by law, but have voluntarily chosen to claim a lesser amount (CFOP 40-1, para. 5-4e).

Statement of Benefits to the State (Conference or Convention):	Column Total	Column Total	Column Total	212 Miles @ 44.5 ¢/mile	Column Total	SUMMARY TOTAL	
	72.00	480.00	0.00	94.34	106.00	752.34	
	REGULAR/OPS EMPLOYEE ONLY - LESS CLASS C MEALS					(0.00)
	Preparer's Name: <u>Betty White</u>					Less Advance ()	
I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me; and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes.	Phone No: <u>561</u>					Plus Supplemental Page(s)	
	Traveler's Signature: _____ Title: _____ Date Signed by Traveler: _____					Less non-reimbursable items included on purchasing card (400.00)	
	Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the travel was on official business of the State of Florida and was performed for the purpose(s) stated above.					Net Amount Due Traveler 352.34	
Supervisor's Name (print): _____ Supervisor's Signature: _____ Title: _____ Date Signed by Supervisor: _____					Net Amount Due State 0.00		

TR: <u>51</u> SEL: <u>S</u>	OBJECT	AMOUNT	OBJECT	AMOUNT	FOR FISCAL OFFICE USE:	Revolving Fund:	Advance:	Invoice No.:
ORG CODE: _____	26		26			Check No.: _____	Warrant No.: _____	_____
EO: _____ OCA: _____	26		26			Check Date: _____	Warrant Date: _____	_____
	26		26			Agency Voucher No.: _____	Statewide Doc. No.: _____	Transaction Date: _____
	26						Agency Voucher No.: _____	



VICINITY/MAP MILEAGE LOG

*Name: John Q. Travel

*Office Address: 1070 E. Indiantown Road, Jupiter, FL

*PF ID: _____

*Home Address: Stuart, Florida

Line #	*Date	*Actual Point of Origin	*Point of Destination	*Purpose of Travel	Shortest Distance Notation	*Departure Time am/pm	*Arrival Time am/pm	*Beginning Odometer	*Ending Odometer	*Map Mileage	*Vicinity Mileage	Incidental Type	Incidental Amount
1	04/01/24	1070 E. Indiantown Road	1234 Happy Way, Orlando, FL	Conference		8:00am	1:00pm			125		tolls	26.00
2												parking	80.00
3	04/04/24	1234 Happy Way, Orlando, FL	Stuart, Florida	return home from conference		4:00pm	7:00pm						
4													
5													
6													
7													
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14													
15													
16													
17													
18													
19													
Totals (for all pages):										125	0		106.00

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