



FMA Policies and Procedures

FMA-F-001

TRAVEL

Approved by:

John Lawson~~Ferrie L. Suit~~, Chairman, Fort Monroe Authority Board of Trustees

G. Glenn Oder~~William A. Armbruster~~, Executive Director, Fort Monroe Authority

EFFECTIVE DATE: ~~March 24, 2014~~July 1, 2014

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SECTION 1 –BUSINESS TRAVEL POLICY

The FMA will reimburse employees traveling on official FMA business for reasonable and necessary expenses incurred. When planning and paying for travel, economy, prudence and necessity are of primary concern. The use of FMA funds to accommodate personal comfort, convenience and taste is not permitted. Travel arrangements should always be made according to the Guidelines for Lowest Reasonable Price.

In the event of an accident or injury while traveling on FMA business, you must notify the Human Resources Manager immediately.

1.1 REIMBURSABLE EXPENSES

Examples of reimbursable expenses include, but are not limited to:

- Mileage
- Travel fare (air, train, bus or taxi)
- Rental Cars
- Tolls
- Parking
- Meals
- Lodging
- Gratuities
- Business telephone Calls

1.2 NON-REIMBURSABLE EXPENSES

Examples of expenses that may not be submitted for payment by the FMA include, but not limited to:

- Entertainment, including in-room movies
- Rental of hotel safes
- Personal telephone calls
- Taxi service for personal pursuits
- Personal hotel guest services
- Expenses for spouse or other traveling companion
- Lost or stolen articles
- Damage to personal automobiles
- Laundry charges
- Alcoholic beverages

1.3 GUIDELINES FOR LOWEST REASONABLE PRICE

Employees of FMA are public servants and must exercise prudence and caution when incurring travel expenses. All employees shall consult the latest State Travel Guidelines available on the Virginia Department of Accounts home page (www.doa.virginia.gov) under Meals and Lodging Per Diems. The FMA considers these rates the base for all travel expenses. Note: Lodging Rates exclude tax and surcharges while Meals and Incidental Rates include tips, taxes and transportation to where meals are taken. If the destination city is not listed, the standard rate applies. At the discretion of the Executive Director, these amounts may be amended, particularly in areas not listed by the state and in high-cost areas where travel is required. Employees will receive travel, lodging and sustenance reimbursement at cost when expenses are within the limits established by the Virginia Department of Accounts. At the sole discretion of the Executive Director, hotel charges and per diem in excess of these amounts may be reimbursed on a case by case basis.

SECTION 2 –TRAVEL PROCEDURE

2.1 TRAVEL AUTHORIZATION

All Travel shall be approved in advance. For travel unrelated to conferences or offsite training, a form [TR-02 Travel Request](#) (Appendix A.1) shall be completed by the employee and approved by the Executive Director or the employee's Department Director and the Deputy Director of Finance prior to making travel arrangements. Effective July 1, 2014, for travel associated with conferences or offsite training, a [Tuition Assistance/Conference Approval Form \(Appendix A.4\)](#) shall be completed by the employee, reviewed by the Human Resources Manager and approved by the employee's Department Director, the Deputy Director of Finance, the Deputy Executive Director and the Executive Director prior to making travel arrangements.

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Estimated expenses shall be completed to the maximum extent possible. If actual expenses are unknown, figures from the Commonwealth of Virginia State Travel Regulations, Meals and Incidental Travel Expenses shall be substituted for budgetary purposes. Costs of the trip that may be procured or paid by Procurement (conference registration, course fees, etc.) shall also be included on the [Travel Request](#) appropriate form.

A [Trip Calculator](#) (Appendix A.2) may be used to determine the least expensive method of automobile transportation when calculating Agency Car, Rental Car or Personal Car. Refer to paragraph 2.2.B for instructions on completing a [Trip Calculator](#).

A copy of the approved [TR-02 Travel Request](#) or [Tuition Assistance/Conference Approval Form](#) and any supporting documentation shall be attached to all requests for reimbursement and FMA Credit Card/Debit Card Charge Reports in accordance with [FMA-F-002, Financial Policies and Procedures Government Fund](#).

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When there is sufficient lead time prior to the trip or multiple employees will be traveling to one event, approved [Travel Requests](#) may be forwarded to Procurement to make transportation arrangements and/or lodging reservations.

Approved travel requests related to conferences or off-site training must be received by procurement no less than 45 days in advance of class/conference start date.

2.2 TRANSPORTATION

Procurement of public transportation, including airline and train tickets, shall be in accordance with [FMA-P-001 Procurement Policies and Procedures](#), specifically the Small Purchase Procedures. For planned travel, the traveler must be able to demonstrate, with documentation, that a reasonable effort was made to secure the most cost beneficial means of transportation for the FMA. Usage of the Internet to procure public transportation services is allowed. Recommended internet sites include [www.orbitz.com](#), [www.expedia.com](#), [www.travelocity.com](#), [www.usairways.com](#), [www.delta.com](#) and [www.aa.com](#) for American Airlines.

The employee assumes the responsibility for all parking and traffic fines. Mileage from an employee's home to their regular assigned work location is not a reimbursable expense. However, if the employee goes directly from home to a meeting or other than the regular work location, and

the distance to the meeting is greater than the distance to the regular work location, the employee can expense the difference.

A. Air Travel

Air travel will be via the most direct and economical means, accommodating the comfort, needs and preferences of the employee. In most cases, airline tickets reserved seven (7) or more days in advance cost considerably less. Use of “non-Refundable airfare is recommended. These fares are usually considerably less expensive than refundable unrestricted fares.

B. Rental Car

The FMA has established an agreement with Enterprise Rental Car. All rental cars shall be reserved by accessing the FMA Account at the Enterprise web site. http://www.enterprise.com/car_rental/deeplinkmap.do?bid=002&cust=LVMFAD&referedPage=multiDivOffer The FMA insurance covers employees while traveling. Therefore, decline the optional insurance coverage. Print the reservation confirmation from the web site, note traveler’s name, purpose and destination of travel and forwarded to Finance. Whenever possible, employees must refill gasoline prior to returning rental car for drop off. Gas charges at the rental locations average 50% more than independent filling stations.

C. Use of Employee’s Personal Vehicle

A [Trip Calculator](#) (Appendix A.2) determines the reimbursement amount for use of an employee’s personal vehicle. The form will automatically calculate the lowest cost of transportation based on the number of days and miles for the trip. If the cost of a rental vehicle is less than the personal vehicle cost and the employee elects to use their personal vehicle, they will only be reimbursed at the convenience rate. The cost, as determined by the [Trip Calculator](#), for the chosen mode of transportation shall be included on the [TR-02 Travel Request](#). The completed [Trip Calculator](#) shall be attached to [TE-02 Travel Expense Reimbursement](#) or [Tuition Assistance/Conference Approval Form](#) when a personal vehicle is used even if it is the lowest cost of transportation.

2.3 LODGING

For planned travel, the traveler must be able to demonstrate, with documentation, that a reasonable effort was made to secure the most cost beneficial lodging for the FMA. Usage of the Internet to reserve lodging is allowed. Recommended internet sites include www.orbitz.com, www.expedia.com, www.travelocity.com, www.holidayinn.com, www.hyatt.com and www.marriott.com. It is the responsibility of the employee for making a good faith effort to secure lodging within the Guidelines for Lowest Reasonable Price before requesting exceptions. Exceptions may be made for conference hotels where it can be shown that the additional lodging cost will be offset by reduced local travel costs incurred between a non-conference hotel and the conference location.

It is the employee’s responsibility to cancel hotel reservations within the hotel cancellation policy time frame. FMA will not reimburse hotel “no-show” fees, unless approved by the Executive Director. Most reservations must be cancelled at least 24 hours prior to check in time.

2.4 TRAVEL REIMBURSEMENT

In order to be reimbursed for travel expenses, employees must complete a form [TE-02 Travel Expense Reimbursement](#) (Appendix A.3). The reimbursement request shall be approved by the Executive Director or the employee's Department Director and the ~~Director of Operations~~ [Deputy Executive Director](#) or the Deputy Director of Finance. A copy of the approved [TR-02 Travel Request or Tuition Assistance/Conference Approval Form](#) shall be attached to the request for reimbursement. Substantiating receipts and reimbursement for overpayment by the FMA (if applicable) must be submitted within thirty (30) calendar days of the conclusion of the business trip.

All receipts must contain adequate detail for the supervisor and the Finance Office to ascertain if the expense or charge is consistent with the FMA policy. Receipts shall include, at a minimum, the name of the traveler, purpose of travel, meeting attendees, dates of travel, location and proper expense codes. For examples of Reimbursable and Non-reimbursable expenses refer to Section 1-Business Travel Policy herein.

Employees may expect reimbursement within thirty (30) calendar days after submitting a signed [Travel Expense Reimbursement](#).

APPENDIX A – TRAVEL FORMS

A.1 TR-02 TRAVEL REQUEST

October 2010



TRAVEL REQUEST FORM
FMFADA-TR-02

EMPLOYEE:
TRAVEL DESTINATION:
PURPOSE OF TRAVEL: <small>(Include competing circumstances for the trip)</small>
DATE(S) OF TRAVEL

ESTIMATED EXPENSES

TRANSPORTATION		SUBSISTENCE	
AIR FARE:	\$0.00	LODGING:	\$0.00
TRAIN:	\$0.00	MEALS:	\$0.00
AGENCY CAR:	\$0.00	GRATUITIES:	\$0.00
RENTAL CAR:	\$0.00	CONFERENCE/TRAINING	
PERSONAL CAR:	\$0.00	REGISTRATION FEE:	\$0.00
TAXI:	\$0.00	TRAINING/COURSE FEE:	\$0.00
PARKING FEES:	\$0.00	OTHER EXPENSES	
TOLLS:	\$0.00		\$0.00
TOTAL ANTICIPATED COST OF TRAVEL:			\$0.00

I certify that the travel cost estimates contained herein represent all anticipated costs of the proposed travel.

_____ EMPLOYEE SIGNATURE	_____ DATE
AUTHORIZED BY: _____ FMA EXECUTIVE DIRECTOR OR DEPARTMENT DIRECTOR	_____ DATE
_____ FMA DEPUTY DIRECTOR OF FINANCE	_____ DATE



TRAVEL REQUEST FORM

*THIS FORM IS NOT APPLICABLE TO TRAVEL RELATED TO CONFERENCES OR OFF-SITE TRAINING.
All Travel shall be approved in advance. A Travel Request shall be completed by the employee and approved by the Executive Director or the employee's Department Director and the Deputy Director of Finance prior to making travel arrangements.*

TRIP INFORMATION

NAME: DESTINATION:

PURPOSE OF TRAVEL (include compelling circumstances for the trip):

DEPARTURE DATE: RETURN DATE:

ESTIMATED EXPENSES

PUBLIC TRANSPORTATION (plane/train):	<input type="text"/>	LODGING:	<input type="text"/>
VEHICLE (rental car/gas/mileage/taxi):	<input type="text"/>	MEALS:	<input type="text"/>
PARKING FEES:	<input type="text"/>	OTHER:	<input type="text"/>
REGISTRATION:	<input type="text"/>	TOTAL ESTIMATED EXPENSES:	<input type="text"/>

I certify that the travel cost estimates contained herein represent all anticipated costs of the proposed travel.

ORIGINATOR: Date:

APPROVAL

EXECUTIVE DIRECTOR or DEPARTMENT DIRECTOR: Date:

FINANCE: Date:

This form may be processed electronically or printed and approved. Approved Travel Request shall be forwarded to Procurement.

A.2 TRIP CALCULATOR

FMFADA-TRIP CAL-02

**RENTAL CAR vs PERSONAL VEHICLE
COST COMPARISON WORKSHEET**

October 2009

Effective January 1, 2010

DAILY VEHICLE NEEDS

Enter Traveler's Name

Enter Date(s) of Trip

Enter Destination

Enter Number of Miles for the Trip

Enter the Number of Days for the Trip

	Rental Vehicle	Personal Vehicle
Lowest Cost Transportation:	<input type="text" value="0.00"/>	<input type="text" value="0.00"/> (IRS Rate)
		<input type="text" value="0.00"/> (Convenience Rate)
		<input type="text" value="0.00"/> (Fleet Rate over 15K)

If "Rental Vehicle" is less than "Personal Vehicle" and you elect to use your personal vehicle you will only be reimbursed at the convenience rate.

A.3 TE-02 TRAVEL EXPENSE REIMBURSEMENT VOUCHER

FMFADA-TE-02

September 2009

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

VOUCHER NUMBER	DATE
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PRINT WITH INK. USE ADDITIONAL SHEETS WHEN NECESSARY

NAME/ Co. Name	
ADDRESS	
CITY STATE ZIP	
PHONE	FAX

FMA USE ONLY	<input type="checkbox"/> PERSONAL VEHICLE <small>cost beneficial to FM Authority</small>	<input type="checkbox"/> RENTAL CAR
	Personal mileage rate: \$0.000 PER MILE	

I hereby certify that expenses listed below were incurred by me on official business of the FM Authority and include only such expenses as were necessary in the conduct of business.

FMA EMPLOYEE? YES NO

TRAVELER'S SIGNATURE _____ TITLE _____ DATE _____

I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of business of the FM Authority.

TRAVELER'S SUPERVISOR _____ DATE _____

ALL APPROPRIATE RECEIPTS MUST BE ATTACHED TO FORM

(1) DATE	(2) LOCATION EXPENSE INCURRED, POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRAVEL, USED & MILEAGE RATE ALLOWED. EACH DAY MUST BE SHOWN SEPARATELY.	(3) MILES TRAVELED	(4) MILEAGE formula	(5) AUTO EXPENSE ITEMIZE IN (2)	(6) MEALS AMOUNT	(7) LOGGING	(8) OTHER	(9) TOTAL
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

I certify all computations are correct and that all necessary and required receipts are attached. Initials: _____

ATTACH FMFADA-TR-02 (TRAVEL REQUEST FORM) OR DESCRIBE PURPOSE OF TRIP AND ATTACH AN AGENDA OR BROCHURE DESCRIBING CONFERENCE OR MEETING. USE SEPARATE SHEET IF REQD.

TOTAL SHEET 2	\$0.00
GRAND TOTAL	\$0.00
AMOUNT ADVANCED	\$0.00
Amount Charged to FMFADA credit card	\$0.00
Payment due to Traveler	\$0.00

AUTHORIZED BY: _____ DATE _____

FM Authority EXECUTIVE DIRECTOR OR DEPUTY

FM AUTHORITY DIRECTOR OF OPERATIONS OR DEPUTY DIR OF FINANCE _____ DATE _____ INITIALS _____

TRANS	AGENCY	FUND	FY	ACCT CODE	AMOUNT	PROJECT	REVENUE SOURCE
	91		11				
DUE DATE	VENDOR	DATE	INVOICE NUMBER	POSTED AS OF	POSTED BY	DATE	
DESCRIPTION	SUBMISSION NUMBER	CHECK	CREDIT CARD (Ind. #)	CONFIRMATION			

A.4 TUITION ASSISTANCE/CONFERENCE APPROVAL FORM



TUITION ASSISTANCE/CONFERENCE APPROVAL FORM

All training for which reimbursement will be requested shall pertain to the employee's current or expected staff position or career progression and benefit the FMA.

INSTRUCTIONS: Originator shall complete parts 1 and 2, attach all necessary course/training information and submit to the Human Resources Manager

1. GENERAL INFORMATION

Name: Type of course pursued:

This applies to conferences or training that do not require lodging, meals or travel expenses paid.

WITHOUT travel/lodging

This applies to conferences or training that will require lodging, meals and travel expenses paid.

WITH travel/lodging

Commencement Date of Program: Estimated Duration of Program:

Detailed explanation of how this relates to your current or expected staff position and how this benefits FMA:

Off site training requests must be submitted 45 days in advance of travel. Use State Travel Regulations to estimate Lodging and Meals if exact cost is not known.

2. ESTIMATED EXPENSES FOR CONFERENCE OR TRAINING

Departure Date: Return Date: Not to exceed 5 business days annually.

PUBLIC TRANSPORTATION (plane/train): LODGING:

VEHICLE (rental car/gas/mileage/taxi): MEALS:

TOLLS / PARKING FEES: OTHER:

TUITION / REGISTRATION FEE: **TOTAL ESTIMATED EXPENSES:**

I certify that the cost estimates contained herein represent all anticipated costs of the proposed conference or training.

Signature: Date:

After HR Manager review, form and all attachments will be returned to the originator to complete part 3.

3. APPROVAL

I recommend that the above employee should have assistance for the above course/training. I have reviewed the course/training information and affirm that this course pertains to the above employee's job and will bring value to the FMA.

Department Director Approval: Date:

I agree that there are sufficient funds in the FMA budget to support the employee taking this course/training.

Deputy Director of Finance Approval: Date:

I agree that the above course is consistent with the guide lines in the FMA Employee Handbook, and that the course/training will bring value to the FMA.

Deputy Executive Director Approval: Date:

Final Approval

Executive Director Approval: Date:

After obtaining final approval: return original fully executed form, along with all attachments, to the Human Resource Manager; retain a copy for your records and forward an approved copy of page 1 only to the Procurement Manager if travel arrangements are required.



FMA EDUCATIONAL ASSISTANCE AGREEMENT

I agree to the following Educational Assistance Retention Agreement. Upon graduation/completion of this course, I agree to remain employed with the FMA for a period as defined below:

1. Conferences/Training:

If the expenses for all conferences and/or training (including all registration, travel, lodging, meal and related expenses) during the fiscal year is \$3,000 or greater, then the retention period is for one (1) year from the date of the last conference or training.

If the expenses for all conferences and/or training (including all registration, travel, lodging, meal and related expenses) during two (2) consecutive fiscal years is \$6,000 or greater, then the retention period is for two (2) years from the date of the last conference or training.

2. Tuition reimbursement (for college degree or certificate programs):

If the cumulative reimbursement for the degree or certificate program is less than \$5,000, then the retention period is for one (1) year from the date of each reimbursement.

If the cumulative reimbursement for the degree or certificate program is \$5,000 or greater, then the retention period is for two (2) years from the date of each reimbursement.

If I separate from FMA prior to meeting the work obligation required as specified above, I agree to reimburse the FMA for the prorated value of any educational assistance paid by the FMA.

Employee Signature

Date: