

"Employee's Name"

"Date Returned"

"Travel Dates"

Region

- NOTE: All travel must be completed on the Computer Generated Travel Expense Statement; handwritten forms will not be accepted effective September 1, 2012. Travel Statements should be completed for each month, unless training falls between two months.**
- Travel Statements submitted later than 60 days can be paid, but must have **Regional Director or Unit Director's (special programs paid by DFCS) approval**, and will be TAXABLE INCOME. 60 days will start the first day of the month after travel was incurred.  
**NOTE: Travel Statements, no matter if "0.00" balance due to receiving a travel advance, hotel check and/or rental vehicle, must be submitted with all appropriate documentation to be reported for state tracking. At 120 days if not settled, travel will NOT be reimbursed.**
- FAMILY NAME OR CASE # OR N/A** – Must be completed, if applicable.
- PERSON(S) CONTACTED/PURPOSE OF TRIP** - Travel descriptions did not list the beginning and ending points of destination (Such as beginning from home or office, or ending day at home or office). This must be listed in order for accounting to make a proper reimbursement determination.  
Example: 1) Home/supervisor meeting/Home or 2) Office/Family Visit/Office  
**\*\*Travel descriptions required even when using a rental\*\***
- CITY & COUNTY OF DESTINATION IS REQUIRED** – Must be completed for each travel date.
- ODOMETER READINGS** - are incorrect or missing. Commute mile deduction required when travel originates from or ends at home on a weekday. This is applicable when using one's personal vehicle.
- Policy states that for 126 miles and above traveled in a day regardless of overnight status the cost comparison's mode of travel deemed best value must be used. Rental was deemed "best value" and not used therefore personal vehicle mileage reimbursement is to be at the TIER 2 RATE of 0.23. Please correct statement to reflect this rate or provide justification from car custodian (for agency rentals) **and** Enterprise for individual rentals.
- Policy states that for 126 miles and above traveled in a day regardless of overnight status the cost comparison's mode of travel deemed best value must be used. Personal vehicle was deemed "best value" and was not used therefore cost of the rental and any gas is at the traveler's expense. Please correct your travel statement to include the miles driven in the rental vehicle for reimbursement at the TIER 1 rate. The cost of the Rental will be reduced from your next payroll check.
- Cost Comparison Forms are not attached for travel on which more than 75 business miles were traveled regardless of overnight status.  
**REMINDER: ONLY A COMPACT VEHICLE SIZE SHOULD BE USED WHEN COMPLETING THE FORM.**  
\*\*The cost comparison link is [http://www.enterprise.com/car\\_rental/deeplinkmap.do?bid=028&refId=DFCSSTGA](http://www.enterprise.com/car_rental/deeplinkmap.do?bid=028&refId=DFCSSTGA)  
**\*\* PLEASE USE ENTERPRISE OPTION ONLY!! HERTZ is not DIRECT BILLED!!!!**
- Travel Advance forms are not attached which validates payment for cash advances, hotel checks or gas.
- VEHICLE RENTAL** - Required Rental documentation is not attached, Enterprise Rental receipt (signed by supervisor) and approved Travel Advance form are required to be submitted with the Travel Expense Statement when an individual rental has been used.
- LODGING** - Hotel Receipts not attached. Receipts must be attached for overnight stays regardless of method of payment, i.e., direct billing, agency check, cash, or credit card.  
If payment made with agency check, cash or credit card, receipt should show "\$0.00" balance due.  
If payment is directly billed to the agency, receipt should show a balance due other than "\$0.00", but may show a "\$0.00"
- COMMON CARRIER & PARKING** - Receipts must be attached.
- GAS** - Receipts must be attached.
- REGISTRATION FEE, CHILD MEALS, MISC** – Receipts for miscellaneous items purchased by the employee for clients (such as food, clothing, medicine). Must be attached with:  
1) Child's Full Name,  
2) Child's date of Birth,  
3) Child's Legal County,  
4) Employee's Signature, and  
5) Approving Authority's signatures
- SIGNATURE OF EMPLOYEE/DATE** - missing (Employee's signature may be a scanned/faxed copy)
- SIGNATURE OF APPROVING AUTHORITY/DATE** - missing (Signature of supervisor **MUST** be original)
- OTHER** \_\_\_\_\_