

Travel

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to establish guidelines for employees to request authorization to incur expense and travel reimbursement when traveling for CFBHN business purposes.

Purpose

The purpose of this policy is to establish guidelines & procedures for the proper documentation and reimbursement of approved business travel expenses.

Procedure

1. General Travel Guidelines for CFBHN Employees
 - A. All travel must be completed utilizing the most economic form of transportation available.
 - B. While driving on company business, CFBHN employees are not permitted to transport family members and/or friends.
 - C. Employees are not permitted to transport individuals served.
 - D. Employees may transport other employees of CFBHN, the Department of Children and Families (DCF), and the Florida Association of Managing Entities (FAME).
 - E. When driving on company business, no deviation from duties is permitted to attend to personal business. The loss of workers compensation coverage may result if you are injured while attending to personal business while driving a vehicle on company time.
 - F. Completed *Authorization to Incur Travel Expenses* forms must include three signatures: the employee, their immediate supervisor and a CFBHN Officer.
 - G. The *Voucher for Reimbursement of Travel Expenses* must be completed to claim a travel reimbursement.
 - H. Foreign Travel must have prior approval by the funder.
 - I. Travel Guidelines for Non-Exempt Employees (Normal work hours for non-exempt employees are defined as Monday – Friday, 8:00 a.m. – 5:00 p.m.
 - J. When overnight travel is required for non-exempt employees, pre-approval must be received from the Chief Financial Officer (CFO), in order to determine if the time is compensable by law.
 - 1) Travel related to the employee's job that benefits the company, and takes place within the employee's regular work week is compensable.
 - 2) Travel that is not compensable includes:
 - a) The commute to and from work;
 - b) An overnight stay without pre-approval;
 - c) Time on a common transportation carrier;
 - d) Time outside of regular work hours, unless pre-approved or a flex work week;
 - e) Time that is not required by the employer or not pre-approved by the manager;
 - f) Personal time used to stop to shop or run errands.

Travel (continued)

2. Mileage Documentation

A. Mileage and/or travel expenses are allowable reimbursements for employees who incur expenses while conducting official business.

- 1) Mileage allowance of a privately-owned vehicle used for travel is reimbursed at the State rate of .445 cents per mile.
- 2) Gasoline is not reimbursable when claiming mileage reimbursement. Gasoline is reimbursable when driving a rental car.
- 3) Mileage is reported from the employee's base location. Base location is defined as the lessor of the distance, in miles, from the employee's home or CFBHN office.
- 4) Mileage is always calculated using the most direct route (lessor distance between home and headquarters).
- 5) For all employees, mileage is allowed to the airport from the office or home, whichever is less, when performing authorized travel.

B. All mileage must be shown from point-of-origin to point-of-destination and return, and computed using the official road map published by the Florida Department of Transportation (FDOT) website. <https://fdotewp1.dot.state.fl.us/CityToCityMileage/viewer.aspx>

- 1) If the mileage traveled is in excess of what the FDOT site shows city-to-city, the additional miles must be listed as *Vicinity*.

Example: If you traveled from 11200 Causeway Blvd. in Brandon to 9393 N. Florida Avenue in Tampa.

- Print the city-to-city mileage from FDOT site and log the total as *Map* mileage. On the FDOT map, Brandon to Tampa is listed as 11 miles.
- Print the exact mileage, from address to address, using Google.com/maps. The total mileage, address to address using Google maps is 15.4 miles.
- On your travel reimbursement form, claim the difference of 4.4 miles as *Vicinity* mileage and attach the print outs from both sites as your backup documentation.

- 2) If actual miles traveled are less than the FDOT site, you are required to claim the actual miles.

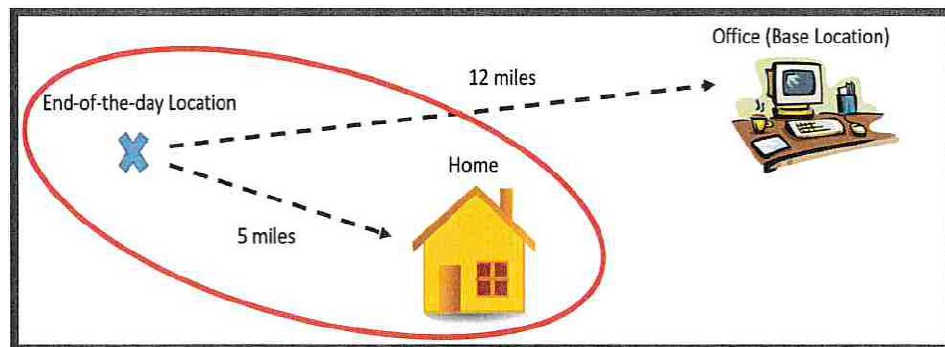
Example: If you traveled from 11200 Causeway Blvd. in Brandon to 7000 S. 12th Ave. in Tampa.

- Print the city-to-city mileage from FDOT to attach as backup documentation, but do not log the mileage. On the FDOT map, Brandon to Tampa is listed as 11 miles.
- Print the exact mileage, from address to address, using Google maps. The total mileage, address to address using Google maps is 4.2 miles.
- On your travel reimbursement form, claim 4.2 as *Vicinity* miles and attach the Google maps print out as your backup documentation.

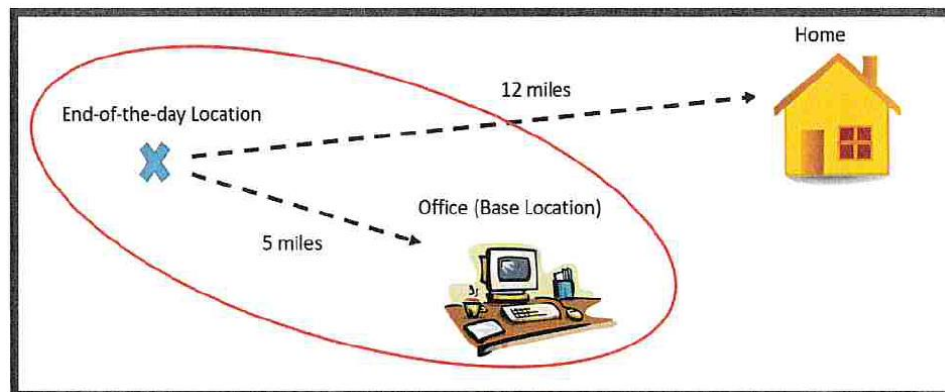
Travel (continued)

- 3) If the city name is not recognized on the FDOT, print out the map showing city is not recognized and attach as your backup documentation. The mileage must be calculated on Google Maps, and listed under *Map* mileage (column 13 on the Travel Reimbursement form.)
- 4) CFBHN has a pre-determined map mileage list available for the most common places traveled “from CFBHN” only. If your destination is on the list, then you are not required to print from the FDOT site and Google maps. The list reflects the *map* and *vicinity* (if applicable) to be claimed.
- C. If an employee is assigned a base location other than their home, the mileage between the employee’s home and their base location at the beginning of the work day and from the employee’s base location to their home at the end of the day is not reimbursable.
- D. If an employee ends their day at a site other than their base location, they may claim mileage back to either their base or home, whichever is the shortest distance, in miles, from their end-of-the location.

For example: An employee ends their day at a location that is 5 miles away from their home, and 12 miles away from the office. The employee may claim the 5 mile distance to their home on their mileage reimbursement request because it is the nearest of the two distances.



If the employee travels home after ending their day at a location that is 12 miles away from their home, and 5 miles away from the office, only the 5 mile distance to their office may be claimed.



Travel (continued)

3. Car Rental Procedure

- A. CFBHN employees must utilize Enterprise for car rentals. Charges for car rentals are billed to the Finance Department via an established CFBHN account.
- B. For a car reservation to be made, employees must fill out an *Authorization to Incur Travel Expenses* form and have it signed by their supervisor.
 - 1) Car reservations are made by employees of the front desk team. The car is booked after they receive a completed and signed *Authorization to Incur Travel Expenses* form.
 - 2) A copy of the reservation is then emailed to the identified driver.
- C. Toll charges incurred in a rental car should be paid by the employee listed as the driver of the vehicle.
- D. Reimbursement for expenses related to car rental, including fuel and tolls, is limited to the actual expenses incurred by the employee. Original receipts must be provided to claim a reimbursement.
 - 1) Rental receipts may be obtained through the Enterprise website.
 - 2) Toll receipts may be obtained via the driver's personal account on the SunPass website.

4. Air Travel

- A. Air travel must be pre-approved 30 days in advance using the *Authorization to Incur Travel Expenses* form.
- B. All flights must be economy-class. Unless the employee has a documented, medical reason, first-class air travel is not permitted.
- C. Boarding passes or flight receipts must be submitted with the travel reimbursement request. Receipts for baggage fees are also required.

5. Conferences

- A. Conference attendance requires pre-authorization in the form of a completed and signed *Authorization to Incur Travel Expenses* form. The *Authorization* form must include:
 - 1) A statement documenting the benefit, to CFBHN, of attending the conference.
 - 2) A conference agenda.
- B. If meals are provided as part of the conference, they must be deducted from the meal allowance on the reimbursement request form.

6. Lodging

- A. An *Authorization to Incur Travel Expenses* form must be completed and signed to allow hotel reservations to be made. No reimbursement for overnight lodging may be claimed within 50 miles of the point of origin.
- B. CFBHN's tax exempt certificate must be presented at the time of check-in for all hotels in Florida.

Travel (continued)

- C. If in-state hotel expenses exceed \$150.00 per night, justification must be provided on the *Authorization to Incur Travel Expenses* form. (For example: “This is the hotel where the conference is being held” or “There were no other hotel vacancies in the immediate area.”) When hotel reservations are required as part of a conference and the host hotel rate is higher than \$150.00, exception requests can be made in advance and approved by the CFO, Chief Operating Officer (COO) &/or President/Chief Executive Officer (CEO).
- D. Hotel stays are prepaid on a CFBHN credit card.
- E. If a hotel bill is paid using an employee’s personal credit card, reimbursement is limited to the actual expenses incurred and must be supported by original receipts.

7. Meal Allowances

- A. Meal allowances can only be claimed when an approved overnight stay is paid for by CFBHN, and the travel is related to CFBHN’s business. If travel does not involve an overnight stay, the employee is not eligible for meal allowances or per diem reimbursement.
- B. The table below outlines the allowances per meal, and the times during which the employee, if traveling on CFBHN business, is permitted to claim the allowance.

Meal	Allowance	Travel Period	
		Begins before:	Extends beyond:
Breakfast	\$6.00	6:00 a.m.	8:00 a.m.
Lunch	\$11.00	12:00 p.m.	2:00 p.m.
Dinner	\$19.00	6:00 p.m.	8:00 p.m.

- C. A Per Diem allowance can be claimed for overnight stays when lodging is not expensed by the traveler.

- 1) An employee is eligible to claim the Per Diem allowance beginning at midnight on the day that he or she checks out of their hotel as outlined below.

Allowance	Travel Period	
	Start:	End:
\$20.00	12:01 a.m.	6:00 a.m.
\$20.00	6:01 a.m.	12:00 p.m.
\$20.00	12:01 p.m.	6:00 p.m.
\$20.00	6:01 pm.	12:00 a.m.

Example: An employee checks out of their hotel, travels to an agency for a training that takes place 9:00am to 12:00pm and then travels home, arriving at 5:00pm. The employee in this example is eligible for a Per Diem reimbursement of \$60.00 because their travel concluded before 6:00pm. If the employee’s travel did not conclude until after 6:00pm, he or she would be eligible for a reimbursement of \$80.00.

- 2) If meals are provide as part of the conference, they must be backed out of the meal allowance or per diem reimbursement request. Continental breakfast is considered a meal and must be deducted if included as part to the conference.

- D. It is not necessary for travelers to submit meal receipts in order to claim reimbursement for meals.


Travel (continued)

8. Travel Reimbursement

- A. Unless otherwise approved by an officer, all requests for travel reimbursement must be submitted to the Finance department within 10 days of the end of the month during which the travel occurred.
- B. Incidental travel expenses, including parking fees, tolls, taxi fares and other miscellaneous items must be supported with a receipt for reimbursement.
 - 1) In the event a receipt is lost or not provided, the traveler shall complete a missing receipt form and have the forms signed by their supervisor.
 - 2) If a charge was made on the employee's personal credit card, a charge statement suffices as a receipt for the expenditure.
- C. Unallowable costs cannot be reimbursed. Unallowable costs include, but are not limited to: Alcohol, parking violations, entertainment, spa expenses, gifts for employees or vendors, child care, or taxes.

9. Travel Budgets

- A. CFBHN Officers and Directors receive a travel budget for their department at the beginning of each fiscal year. They are expected to monitor travel expenses and remain within the budgeted limit for the year.
- B. Any variance from the budget must be discussed with the CFO and/or the Officer responsible for that department.

<p>Travel</p> <p>Approval: </p> <p>Alan Davidson, President & Chief Executive Officer</p>	<p>Date Issued: <u>11/01/2002</u></p> <p>Last Revision: <u>04/19/2023</u></p> <p>Review Date: <u>04/19/2023</u></p>
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VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES

- (1) **Traveler** – The Full name is required (as on the W-4 for payroll).
- (2)-(5) **Address, City, State, Zip** – The address to which the payee wants the reimbursement check sent.
- (6) **Headquarters** – The city in which the payee is assigned.
- (7) **Date of Travel** – The date of travel.
- (8) **Travel Performed from Point of Origin to Destination** – This column is used to indicate the city of origin and the city of destination and/or vicinity.
- (9) **Purpose or Reason (Name of Conference)** – This column is used to indicate the specific purpose of Travel performed. If appropriate, indicate the name of the conference. Purpose or Reason may be dittoed provided the statement is clear. For instance, rather than “field investigations”, be more explicit such as “field investigations for Medicaid eligibility”.
- (10) **Hour of Departure and Hour of Return** – This column is used to indicate the exact time of departure and hour of return.
- (11) **Class A and B Meals** – List amount of meals on a daily basis which qualify as Class A or B.
- (12) **Per Diem or Actual Lodging Expenses** – This column is used to indicate the amount of per diem or lodging expenses claimed for the travel performed on a daily basis.
- (13) **Map Mileage Claimed** – When a privately owned vehicle is used, indicate the point-to-point mileage claimed as it appears on the Florida Department of Transportation Official Mileage Chart which appears on all official State of Florida maps.
<https://fdotewp1.dot.state.fl.us/CityToCityMileage/viewer.aspx>
- (14) **Vicinity Mileage Claimed** – This column is used to indicate the vicinity mileage claimed; unusual vicinity mileage will be subject to review.
- (15) **Incidental Amount** – This column is used to indicate the amount of incidental expenses. i.e. tolls, car rentals, fuel (includes charges paid by traveler and CFBHN).
- (16) **Incidental Expense Type** – This column is used to indicate the type of incidental expenses. i.e. taxi fare, ferry, bridge, road, or tunnel tolls, storage or parking fees, registration fees, etc.
- (17) **Column Total** – The total amount of all Class A and B meals claimed is calculated.
- (18) **Column Total** – The total amount of all per diem or actual lodging expenses claimed is calculated.

- (19) **Mileage** – The total amount of map mileage and/or vicinity mileage claimed is calculated at the reimbursement rate of \$0.445.
 - (20) **Column Total** – The total amount claimed for incidental expenses is calculated.
 - (21) **Summary Total** – List the grand total claimed on the entire travel voucher.
 - (22) **Less Travel Advance** – List the amount of any travel advance, which must be deducted from the claim and write “Less Travel Advance” in the blank space to the left.
 - (23) **Plus Supplemental Page(s)** – List the totals from additional pages (if any).
 - (24) **Less non-Reimbursable Items Included on Purchasing Card** – Auto populates from #37
 - (25) **Net Amount Due** – List the total amount due to the Traveler.
 - (26) **Preparer’s Name** – List the name of the person preparing the travel voucher that should be contacted to resolve any questions.
 - (27) **Preparer’s Telephone No.** – List the telephone number of the preparer.
 - (28) **Traveler’s Signature** – The payee should sign his or her legal name as it appears on the W-4 Form.
 - (29) **Title** – The payee’s official job title.
 - (30) **Date** – The date the payee signs the travel voucher.
 - (31) **Supervisor’s Signature** – The signature of the payee’s supervisor.
 - (32) **Supervisor’s Title** – The official title of the supervisor.
 - (33) **Date Approved** – The date the supervisor signs the travel voucher.
- PAGE 2 OF THE TRAVEL VOUCHER:** PORTIONS OF THIS PAGE MUST BE COMPLETED IF: (1) COMMON CARRIER TRANSPORTING (AIRLINE, RENTAL CARE, ETC.) IS DIRECTLY BILLED TO THE AGENCY; (2) THE TRAVELER ATTENDED A CONFERENCE OR CONVENTION, OR (3) THE TRAVELER USED THE PURCHASING CARD FOR TRAVEL.
- (34) **Date** – Enter the date travel began.
 - (35) **Merchant/Vendor** – Enter the name of the vendor the payment is being made to.
 - (36) **Description of item Acquired** – Self-explanatory.
 - (37) **Amount** – Enter the total cost of common carrier/hotel charges.

Authorization to Incur Travel Expense Form

Instructions for completion of the Authorization to incur Travel Expense, Form DFS-AA-13 is given below.

- (1) **Name** – Name of the traveler.
- (2) **Official Headquarters** – CFBHN address or employees home base.
- (3) **Date** – Date Form is prepared.
- (4) **Department** – CFBHN Department (i.e. NDCS/Finance/Administration) that travel is assigned to.
- (5) **Destination and Purpose of Trip** – Details of all travel to be pre-purchased by CFBHN or requiring reimbursement upon return. All items under this heading **MUST** be completed and filled in. (i.e. Hotel: Stay Here Hotel, 123 Main Street, Anywhere , USA)
- (6) **Estimated Cost** – Travel – Estimate the cost for mileage or common carrier expense.
- (7) **Estimated Cost** – MEALS – Estimate the cost for lodging and meals.
- (8) **Estimated Cost** – Other – estimate the cost of incidental expenses, such as per diem, registration fees, tolls, etc.
- (9) **Travel Period** – Month/year travel will be performed.
- (10) **Calendar** – Indicate the day(s) of the month on which the travel will be performed by placing an X in the proper space on the corresponding line (i.e. for a hotel for 3 nights, there should be 3 X's).
- (11) **Conference or Convention Travel** – Define the specific nature of the travel request. (List the conference, location , date of training, and agenda).

Note: The same information must be shown in the space provided on the reverse side of the original Travel Reimbursement Request Form.
- (12) **Signed** – Traveler must sign to certify that the main purpose of the travel shown is in connection with official business of the Managing Entity.
- (13) **Approved By** – Signature of traveler's supervisor
- (14) **Date** – Date of approval provided by traveler's immediate supervisor
- (15) **Approved** – Signature of the Managing Entity President/CEO, CFO CCO or COO.
- (16) **Date** – Date of approval signature provided by Managing Entity President/CEO, CFO, CCO or COO.
- (17) **HR Signature** – CFO approval for nonexempt employees requesting airfare.

CFOHH Authorization to incur Travel Expenses		1. TITLE		2. OFFICE, HEADQUARTERS		3. DATE																																
4. DEPARTMENT		5. TRIP PURPOSE AND DATES OF TRIP																																				
(I) - DESTINATION AND PURPOSE OF TRIP		ESTIMATED COST			(II) - MONTHS																																	
POTENTIAL COST INCURRED BY:	MUST BE COMPLETED	(A) TRAVEL	(B) PER DIEM	(C) 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			
Conference Registration Required / Cost	Yes / No																																					
Hotel Room / Location																																						
Airline / Location from - to																																						
Car rental pick-up/drop-off location																																						
Mileage																																						
Taxi	Yes / No																																					
Tolls	Yes / No																																					
Storage Fee	Yes / No																																					
Parking	Yes / No																																					
Food	Per Diem																																					
Gas																																						
Total		\$0.00	\$0.00	\$0.00																																		
(III) CONFERENCE OR CONVENTION TRAVEL: EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA																																						
I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.																																						
7. SIGNATURE		8. APPROVED BY CHIEF OF BUREAU										9. DATE										10. APPROVED BY COMPTROLLER										11. DATE						

POLICIES & PROCEDURES

VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES

Instructions for the completion of the Travel Reimbursement Request are given below. Numbers shown correspond to the attached copy.

- (1) **Traveler**- The Full name is required (as on the W-4 for payroll).
- (2)- (5) **Address, City, State, Zip** -The address to which the payee wants the reimbursement check sent.
- (6) **Headquarters** - The city in which the payee is assigned.
- (7) **Date of Travel** – The date of travel.
- (8) **Travel Performed from Point of Origin to Destination** - This column is used to indicate the city of origin and the city of destination and/or vicinity.
- (9) **Purpose or Reason (Name of Conference)** - This column is used to indicate the specific purpose of the travel performed. If appropriate, indicate the name of the conference. Purpose or Reason may be dittoed provided the statement is clear. For instance, rather than "field investigations," be more explicit such as "field investigations for Medicaid eligibility."
- (10) **Hour of Departure and Hour of Return** - This column is used to indicate the exact time of departure and hour of return.
- (11) **Class A and B Meals** - List the amount of meals on a daily basis which qualify as Class A or B.
- (12) **Per Diem or Actual Lodging Expenses** - This column is used to indicate the amount of per diem or lodging expenses claimed for the travel performed on a daily basis.
- (13) **Map Mileage Claimed** - When a privately owned vehicle is used, indicate the point-to-point mileage claimed as it appears on the Florida Department of Transportation Official Mileage Chart which appears on all official State of Florida maps. <http://fdotewp1.dot.state.fl.us/citytocitymileage/viewer.aspx>
- (14) **Vicinity Mileage Claimed** - This column is used to indicate the vicinity mileage claimed; unusual vicinity mileage will be subject to review.
- (15) **Incidental Amount** - This column is used to indicate the amount of incidental expenses. i.e. tolls, car rentals, fuel (includes charges paid by traveler and CFBHN)
- (16) **Incidental Expense Type** - This column is used to indicate the type of incidental expenses. Examples: taxi fare, ferry, bridge, road, or tunnel tolls; storage or parking fees; registration fees; etc.
- (17) **Column Total** - The total amount of all Class A and B meals claimed is calculated.
- (18) **Column Total** - The total amount of all per diem or actual lodging expenses claimed is calculated.
- (19) **Mileage** - The total amount of map mileage and/or vicinity mileage claimed is calculated at the current reimbursement rate of \$0.445.
- (20) **Column Total** - The total amount claimed for incidental expenses is calculated.
- (21) **Summary Total** - List the grand total claimed on the entire travel voucher.

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- (22) **Less Travel Advance** - List the amount of any travel advance, which must be deducted from the claim and write "Less Travel Advance" in the blank space to the left.
- (23) **Plus Supplemental Page(s)** - List the totals from additional pages (if any).
- (24) **Less non-Reimbursable Items Included on Purchasing Card** – Auto populates from #37
- (25) **Net Amount Due** - List the total amount due to The traveler.
- (26) **Preparer's Name** - List the name of the person preparing the travel voucher that should be contacted to resolve any questions.
- (27) **Preparer's Telephone No.** - List the telephone number of the preparer.
- (28) **Traveler's Signature** - The payee should sign his or her legal name as it appears on the W-4 Form.
- (29) **Title** - The payee's official job title.
- (30) **Date** - The date the payee signs the travel voucher.
- (31) **Supervisor's Signature** - The signature of the payee's supervisor.
- (32) **Supervisor's Title** - The official title of the supervisor.
- (33) **Date Approved** - The date the supervisor signs the travel voucher.

PAGE 2 OF THE TRAVEL VOUCHER: PORTIONS OF THIS PAGE MUST BE COMPLETED IF: (1) COMMON CARRIER TRANSPORTATION (AIRLINE, RENTAL CAR, ETC.) IS DIRECTLY BILLED TO THE AGENCY; (2) THE TRAVELER ATTENDED A CONFERENCE OR CONVENTION, OR (3) THE TRAVELER USED THE PURCHASING CARD FOR TRAVEL.

- (34) **Date** - Enter the date travel began.
- (35) **Merchant/Vendor** – Enter the name of the vendor the payment is being made to.
- (36) **Description of Item Acquired** – Self Explanatory.
- (37) **Amount** - Enter the total cost of common carrier/hotel charges

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Managing Entity Voucher For Reimbursement Of Traveling Expenses		1. Traveler <input style="width: 100%;" type="text"/>									
		2. Address <input style="width: 100%;" type="text"/>									
		3. City <input style="width: 30%;" type="text"/>			4. State <input style="width: 10%;" type="text"/>		5. Zip <input style="width: 30%;" type="text"/>				
		6. Headquarters <input style="width: 100%;" type="text"/>									
7. Date	8. Travel Performed From Point of Origin to Destination	9. Purpose of Reason (Name of Conference)	10. Departure Time	Return Time	11. Class A and B Meals	12. Per Diem or Actual Lodging Expenses	13. Map Mileage Claimed	14. Vicinity Mileage Claimed	15. Incidental Expenses Amount	16. Incidental Expenses Type	
I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements as Section 112.061, Florida Statutes.						17. Column Total	18. Column Total	19. <input style="width: 50%;" type="text"/> @ 44.5¢/mile	20. Column Total	21. Summary Total	
						0.00	0.00	0.00	0.00	0.00	
26. Preparer's Name: <input style="width: 100%;" type="text"/> 27. Preparer's Phone No: <input style="width: 100%;" type="text"/>						22. Less Advance		23. Plus Supplemental Page(s)			
						24. Less non-reimbursable items included on purchasing card		25. Net Amount Due		0.00	
28. TRAVELER'S SIGNATURE: _____ DATE: _____						29. TITLE: _____ _____		30. _____ Pursuant to Section 112.061(3)(d), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the CFBHN and was performed for the purpose(s) stated above.		0.00	
31. SUPERVISOR'S SIGNATURE: _____ APPROVED: _____						32. TITLE: _____ _____		33. DATE: _____ _____		0.00	

CFBHN CREDIT CARD CHARGES			
THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE CFBHN CREDIT CARD.			
34. Date	35. Merchant/Vendor	36. Description of Item Acquired	37. Amount
TOTAL (this amount appears on the line "Less non-reimbursable items included on purchasing card" on page one of the form)			0.00
PAYMENT REQUIREMENTS: Employee travel requests have the same processing time and payment requirements as regular vendor invoices, including payment of interest penalties. If the date on which a travel voucher is received is not properly stamped on the voucher, the date received will default to the date prepared. F.S. 215.422(11)			
GENERAL INSTRUCTIONS: Travel definitions, allowances, and limitations are detailed in CFBHN'S TRAVEL POLICY. Obtain paid receipts for all necessary incurred traveling expenses regardless of exemption.			
General Instructions			
Class A travel - Continuous travel of 24 hours or more away from official headquarters Class B travel - Continuous travel of less than 24 hours which involves overnight absences from official headquarters.		Breakfast -- when travel begins before 6a.m. and extends beyond 8a.m. (\$6.00) Lunch -- when travel begins before 12 NOON and extends beyond 2p.m. (\$11.00) Dinner -- when travel begins before 6p.m. and extends beyond 8p.m. or when travel occurs during night-time hours due to special assignment. (\$19.00)	
NOTE: No allowance shall be made for meals when travel is confined to the city or town of official headquarters or immediate vicinity except assignments of official business outside the traveler's regular place of employment if travel expenses are approved and such special approval is noted on the travel voucher. Rate of Per Diem and Meals shall be those prescribed by Section 112.061, Florida Statutes.			