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 and 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. Each employee's completed reimbursement form is due by the 10th of the month following travel.

   H. Foreign Travel must have prior approval by the funder.
   I. To maintain receipts in one account, reservations made by CFBHN utilize the receipts@cfbhn.org email address.

   J. Travel Guidelines for Non-Exempt Employees (Normal work hours for non-exempt employees are defined as Monday – Friday, 8:00 AM – 5:00 PM)

   K. When overnight travel is required for non-exempt employees, pre-approval must be received from the Chief Financial Officer (CFO) or Human Resources Business Partner (HRBP), 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.

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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.

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://fdot.maps.arcgis.com/apps/webappviewer/index.html?id=fcb8b493d1c84f909f94a8ebfafbb317

   For example: If you traveled from 11200 Causeway Blvd. in Brandon to 9393 N. Florida Avenue in Tampa.
   - Enter the complete address (11200 Causeway Blvd, Brandon, FL 33511 to 9393 N. Florida Ave, Tampa FL, 33612) from FDOT site and log the total as *Map* mileage.
   - Always use Driving Time (should be the default)
   - Choose 'Time Unspecified' using the dropdown arrow next to LEAVE NOW
   - On your travel reimbursement form, claim the mileage. Select the 'Print to PDF' option to document the mileage estimate and include it in the documentation submitted with the form.

   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 workday 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.

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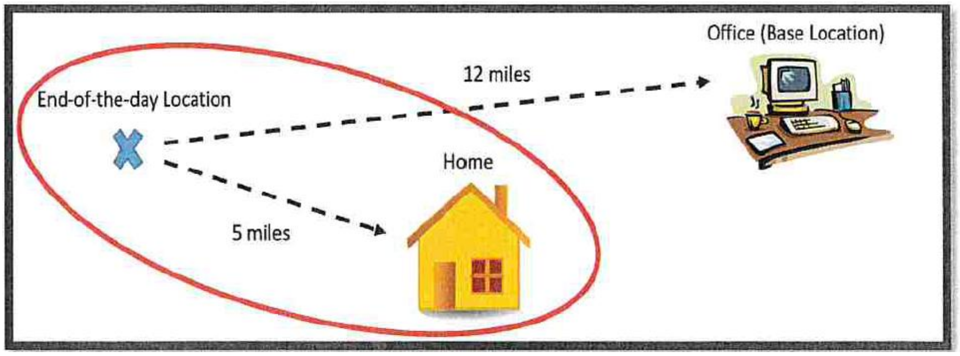
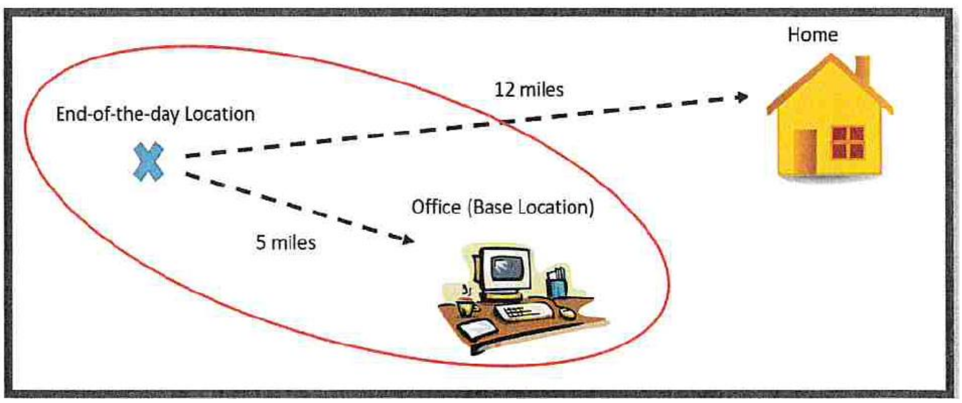


If the employee travels home after ending their day at a location that is 12 miles away from their home, and 5 miles away from the office, only the 5-mile distance to their office may be claimed.



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 and CFBHN Officer.

      1) Car reservations are made for employees by the Administrative Assistant. 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 are paid by the company's AMEX credit card.

   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 reimbursement.

      1) Once the vehicle has been documented by Enterprise as returned, rental receipts may be obtained through the Enterprise website. To access the receipt, click on the ‘Get a Receipt’ link under ‘Reservations’ and enter the driver’s license number of the employee.

      2) Toll receipts may be obtained via the driver’s personal account on the SunPass website.

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4. Air Travel
    A. Air travel must be pre-approved 30 days in advance, when feasible 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. The cost of conference attendance may be covered by CFBHN if participation is pre-approved. Pre-approval requires written authorization in the form of a completed and signed *Authorization to Incur Travel Expenses* form. To have costs assumed by CFBHN, the *Authorization* form must include:
        1) Approval from the employee's manager, director, or officer.
        2) A statement documenting the benefit to CFBHN of attending the conference.
        3) A conference agenda.

    B. If an employee does not or is unable to attend the approved conference, CFBHN reserves the right to recover any payments made on the employee's behalf that cannot be refunded. This includes requiring the employee to reimburse CFBHN for the total amount expended by the organization.
        1) Exceptions Due to Medical Emergencies
            a. If non-attendance is due to a serious illness or accident that requires hospitalization, CFBHN may request a physician's note to confirm the incident.
            b. Upon receipt of a physician's note, repayment requirements may be waived at the company's discretion.
        2) Other Exceptions – If the employee notified CFBHN of their inability to attend the approved conference as soon as possible after becoming aware of their limitation, the employee may submit an appeal to CFBHN. The appeal must establish valid cause, and address why the repayment requirement should be waived for the employee.

    C. 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 and confirmed it was applied at check-out.

    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

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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, and/or President/Chief Executive Officer. As part of the request, three price quotes must be provided from local hotels. The per-night price used in the comparison must be pulled directly from the hotel's website. Quotes from third-party sites such as Expedia, Priceline, or Orbitz are not permitted.

C. Hotel stays are prepaid on a CFBHN credit card.

D. 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 AM	8:00 AM
Lunch	$11.00	12:00 PM	2:00 PM
Dinner	$19.00	6:00 PM.	8:00 PM

   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 the employee checks out of their hotel as outlined below.

Allowance	**Travel Period**	
	Start:	End:
$20.00	12:01 AM	6:00 AM
$20.00	6:01 AM	12:00 PM
$20.00	12:01 PM	6:00 PM
$20.00	6:01 PM	12:00 AM

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

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2) If meals are provided 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 of the conference.

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

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. Failure to submit travel timely may result in disciplinary action
   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, childcare, 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.

10. CFBHN will only book hotel accommodation and purchase airfare for approved travel for employees. Travel arrangements for non-employees, including spouses or family members, are the responsibility of the employee.

Travel Approval: Alan Davidson, President & Chief Executive Officer	Date Issued: 11/01/2002 Last Revision: 06/24/2026 Review Date: 06/24/2026

AUTHORIZATION TO INCUR TRAVEL EXPENSE FORM

CFBHN

STATE OF FLORIDA Authorization to Incur Travel Expense	**NAME:** **Home Address:**	**Department:**	**DATE:**

DESTINATION AND PURPOSE OF TRIP			**Travel Month:**																														
			1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**	**#**
POTENTIAL COST INCURRED BY	**Vendor Name & Address**	**Estimated Cost**																															
Conference Registration Required / Cost																																	
Hotel Name / Location																																	
Airline / Location from - to																																	
Car/Mid size/ Pick Up / Drop Off Location:																																	
Mileage																																	
Taxi/Uber/Lyft																																	
Tolls																																	
Baggage Fee																																	
Parking																																	
Food/Per Diem*																																	
Gas																																	
Total		$0.00																															

EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORI

***Food Allowance** (ONLY when there is an overnight stay)

Breakfast: $6.00-travel begins before 6am & extends beyond 8am
Lunch: $11.00-travel begins before 12NOON & extends beyond 2pm
Dinner: $19.00-travel begins before 6pm & extends beyond 8pm

***Per Diem** (ONLY when there is an ove

If last day of travel:
Travel Period: 12:01am to 6am - $20
Travel Period: 6:01am to 12pm - $20
Travel Period: 12:01pm to 6pm - $20
Travel Period: 6:01pm to 12am - $20

I HEAREBY 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

AUTHORIZATION TO INCUR TRAVEL EXPENSE FORM - INSTRUCTIONS

Items to complete and instructions to follow when completing the Authorization to incur Travel Expense, Form DFS-AA-13 are below.

Complete:

1. Name and complete home address of traveler
2. Department: CFBHN Department (ex. NDCS, Finance)
3. Date you are filling out form
4. Month and Year of travel
5. Various types of cost during your travel
6. Vendor's name and address
   a. Name of Conference if there is a registration fee
   b. Address of Enterprise, date and time of pick-up and drop-off. If you rent a car, you must include an estimate for gas costs
   c. Name of hotel and address
7. Estimated Cost of each item you plan on incurring during your trip
   a. Food is expensed ONLY when there is an overnight stay:
      1) Breakfast: $6.00-travel begins before 6:00 AM & extends beyond 8:00 AM
      2) Lunch: $11.00-travel begins before 12:00 PM & extends beyond 2:00 PM
      3) Dinner: $19.00-travel begins before 6:00 PM & extends beyond 8:00 PM

   b. When there is an overnight stay, Per Diem is expensed ONLY on the last day of travel, in lieu of food expenses
      1) Time arrived home: 12:01 AM to 6:00 AM - $20
      2) Time arrived home: 6:01AM to 12:00 PM - $20
      3) Time arrived home: 12:01 PM to 6:00 PM - $20
      4) Time arrived home: 6:01 PM to 12:00 AM - $20

8. Place "X" on corresponding dates for each line that each expense occurs
9. Must add the reason/purpose for the trip/conference and how it benefits CFBHN
10. Travelers signature
11. Immediate Supervisor's signature and date
12. CEO, COO, or CFO signature and date

VOUCHER for REIMBURSEMENT of TRAVELING EXPENSES

Managing Entity Voucher For Reimbursement Of Traveling Expenses			
	1. Traveler		
	2. Address		
	3. City	4. State	5. Zip
	6. Headquarters CFBHN - 719 S. US Hwy 301, Tampa, FL 33619		

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. FDOT Map Mileage Claimed	14. Incidental Expenses Amount	15. Incidental Expenses Type
					16. Column Total	17. Column Total	18. $0.00 @ 44.5 ¢/mile	19. Column Total	20. Summary Total
					0.00	0.00	0.00	0.00	0.00

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 os Section 112.061, Florida Statutes.

25. Preparer's Name:	21. Less Advance	
26. Preparer's Phone No:	22. Plus Supplemental Page(s)	
	23. Less non-reimbursable items included on purchasing card.	0.00
	24. Net Amount Due	0.00

27. TRAVELER'S SIGNATURE: 28. TITLE: 29. DATE:

Pursuant to Section 112.061(3)(a), 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 on official business of the CFBHN and was performed for the purpose(s) stated above.

30. SUPERVISOR'S SIGNATURE: ____________________ 31. TITLE: ____________________ 32. DATE APPROVED: ____________

CFBHN CREDIT CARD CHARGES

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE CFBHN CREDIT CARD.

33. Date	34. Merchant/Vendor	35. Description of Item Acquired	36. 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.

columns in blue are non-editable and are formula driven

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.

Revised 11.15.24

VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES – INSTRUCTIONS

Traveler – The Full name is required (as on the W-4 for payroll).

Address, City, State, Zip – The address to which the payee wants the reimbursement check sent.

Headquarters – The city in which the payee is assigned.

Date of Travel – The date of travel.

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.

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".

Hour of Departure and Hour of Return – This column is used to indicate the exact time of departure and hour of return.

Class A and B Meals – List amount of meals on a daily basis which qualify as Class A or B.

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.

FDOT 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://fdot.maps.arcgis.com/apps/webappviewer/index.html?id=fcb8b493d1c84f909f94a8ebfafbb317

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).

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.

Column Total – The total amount of all Class A and B meals claimed is calculated.

Column Total – The total amount of all per diem or actual lodging expenses claimed is calculated.

Mileage – The total amount of map mileage and/or vicinity mileage claimed is calculated at the reimbursement rate of $0.445.

Column Total – The total amount claimed for incidental expenses is calculated.

Summary Total – The grand total claimed on the entire travel voucher is calculated.

<u>Less Travel Advance</u> – The amount of any travel advance, which must be deducted from the claim is calculated.

<u>Plus Supplemental Page(s)</u> – List the totals from additional pages (if any).

<u>Less non-Reimbursable Items Included on Purchasing Card</u> – Auto populates from #36

<u>Net Amount Due</u> – The total amount due to the Traveler.

<u>Preparer's Name</u> – List the name of the person preparing the travel voucher that should be contacted to resolve any questions.

<u>Preparer's Telephone No</u>. – List the telephone number of the preparer.

<u>Traveler's Signature</u> – The payee should sign his or her legal name as it appears on the W-4 Form.

<u>Title</u> – The payee's official job title.

<u>Date</u> – The date the payee signs the travel voucher.

<u>Supervisor's Signature</u> – The signature of the payee's supervisor.

<u>Supervisor's Title</u> – The official title of the supervisor.

<u>Date Approved</u> – The date the supervisor signs the travel voucher.

<u>PAGE 2 OF THE TRAVEL VOUCHER</u>: 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.
<u>Date</u> – Enter the date travel began.

<u>Merchant/Vendor</u> – Enter the name of the vendor the payment is being made to.

<u>Description of item Acquired</u> – Self-explanatory.

<u>Amount</u> – The total cost of common carrier/hotel charges is calculated.