February 25, 2015

TO: WARDENS
    DIVISION DIRECTORS

CHANGE #4
ADMINISTRATIVE REGULATION 107

TRAVEL REIMBURSEMENT
Alabama Department of Corrections Employees

PURPOSE: To implement changes to out-of-state (OOS) travel per the Governor’s office.

CHANGES TO BE MADE:


Section V. K. 3. Replace this paragraph: “All out-of-state travel by an official or employee of the Department requires prior approval from the Governor. Such approval must be evidenced by Form FRMS-5, Request for Out-of-State Travel, signed by the Governor. This form must accompany the expense account when requesting reimbursement. For two or more employees traveling out of state, a separate approval must be obtained for each traveler.”

With the following: “All out-of-state travel by an official or employee of the Department of Corrections must first be approved, as follows:”

Section V. K. 3. a. Add: “Authorized by employee’s immediate supervisor at which time employee submits FRMS 5 on-line at https://oos.alabama.gov.”

Section V. K. 3. b. Add: “When submitted, an automated e-mail will be sent to the Commissioner’s Travel Designee for review and approval by the Commissioner or his designee.”

Section V. K. 3. c. Add: “The Agency designee must approve the request prior to travel occurring and prior to the Governor’s Office approval. Such approval must be evidenced by Form FRMS-5, Request for Out-of-State Travel, approved by the Governor. This form must accompany the expense account when requesting reimbursement. For two or more employees traveling out-of-state, a separate approval must be
obtained for each traveler. Form FRMS-5 has been revised and an example is attached as Annex C. Forms FRMS-5 and FRMS-6A are available on the Department of Finance Comptroller’s web site. Go to DOC.net, click on forms, click on Travel Forms to access the Comptroller’s web site. (See Annex D, Automated OOS Travel)

The FRMS-5 form requires:

(1). Purpose of travel.

(2). Dates of travel.

(3). Estimates of travel expenses summarized in six (6) categories:

(a). Lodging (include parking and business services).

(b). Meals.

(c). Transportation (airfare/baggage/mileage).

(d). Conference/registration fees.

(e). Transit at destination.

(f). Airport parking.

Form FRMS-5 will automatically generate a code which shows on the bottom of the form. When this code is entered at https://oos.alabama.gov an estimated Out-of-State Travel Form FRMS-6A will be prepopulated to edit and print the final expense report.

Section V. K. 5.

Replace this paragraph: “Employees who travel outside the State of Alabama in the service of the State should submit Form FRMS-6A, Statement of Out-of-State Travel, along with the Form FRMS-5, Request for Out-Of-State Travel, signed by the Governor that authorized the travel. The expense account form must indicate the hour of departure and the hour of return to base for audit purposes, and must be accompanied by a receipt for each expenditure for which reimbursement is being requested when submitted to the Accounting Division for payment.”

With the following: “Employees who travel outside the State of Alabama in the service of the State should submit Form FRMS-6A, Statement of Out-of-State Travel, along with the Form FRMS-5, Request for Out-Of-State Travel signed by the Governor that authorizes the travel for reimbursement. Form FRMS 5 will prepopulate an estimated out-of-state travel Form FRMS 6A to edit and print final expense report. The expense account form must indicate the hour of departure and the hour of return to base for audit purposes, and must be accompanied by a receipt for each
expenditure for which reimbursement is being requested, when submitted to the Accounting Division for payment.”

Section V. K. 10. Replace this paragraph: “Breakfast is allowable only if the travel begins before 6:00 a.m. A dinner meal will be allowable only when the traveler returns to base after 6:00 p.m. These meals are allowable only when the time of departure and return were necessary for the timely completion of travel duties and not simply for the convenience of the traveler.”

With this paragraph: “While meals are no longer limited by time or to an amount per meal, the amount should still be prorated based on departure and return times. If the traveler departs prior to the breakfast and lunch times or returns after the dinner time listed below, the traveler may claim the meal, as long as they are not within the area of their base city. The time constraints are as follows:”

Section V. K. 10. a. Add this statement: “Breakfast – If you depart before 6:00 a.m., you may claim reimbursement for breakfast on out-of-state travel.”

Section V. K. 10. b. Add this statement: “Lunch – If you depart before 11:00 a.m., you may claim reimbursement for lunch on out-of-state travel.”

Section V. K. 10. c. Add this statement: “Dinner – If you return after 7:00 p.m., you may claim reimbursement for dinner on out-of-state travel.”

Section V. K. 11. b. Replace this statement: “Reasonable tips for personal services in the serving of foods, but should not exceed the usual and customary charges of 20% for these services (include in the cost of the meal on the expense account).”

With the following: “Meal and tip limitations are now a single day meal cap that includes tips and are based on geographic location. The State will use the US General Services Administration published daily meal rates (excluding incidental expenses) for each city/state found at http://www.gsa.gov/portal/category/104711. (Per Diem/M & IE meals tab.) Rates for Continental United States (CONUS) are published each fiscal year effective October 1.”

Section V. K. 11. f. Add: “Hotel parking and business services will be included in lodging and be paid as object code 0400-03.”

Section V. K. 11. g. Add: “When the Department’s expense review staff identifies a small dollar mistake, not to exceed $10, staff can correct the mistake and finish processing the request without having to return to the employee to correct and return. The employee must indicate his agreement by attaching a completed Consent to Correction of Small Mistakes on Travel Reimbursement Request Form 107-A. By signing this Form, the employee is agreeing to allow mistakes of less than $10 to be corrected and processed. This is the employee’s
choice. If the form is not attached to the expense report, any error, no matter how small, will be returned to the employee to correct and restart the reimbursement process.”

Section VII. Replace this statement: “All forms referred to within this regulation are implemented by the Department of Finance Fiscal Manual.”

With the following: “FRMS-5, Request for Out-of-State Travel, FRMS-6, Statement of Official In-State Travel, and FRMS-6A, Statement of Out-of-State Travel, referred to within this Regulation are implemented by the Department of Finance Fiscal Manual. ADOC Forms 107-A, Consent to Correction of Small Mistakes on Travel Reimbursement Request, and ADOC Form 107-B, Meals Reimbursement Form for Meals under $10, are implemented by the Department of Corrections.”

Section VII. D. Add form: ADOC Form 107-A, Consent to Correction of Small Mistakes on Travel Reimbursement Request.

Section VII. E. Add form: ADOC Form 107-B, Meals Reimbursement Form for Meals under $10.


File this numbered change at the back of the Regulation after annotating both the index and the Regulation to indicate this change has been completed.

Advise all personnel in your organization of the change to this regulation.

[Signature]

William G. Sharp, J.
Commissioner
ALABAMA DEPARTMENT OF CORRECTIONS

CONSENT TO CORRECTION OF SMALL MISTAKES ON TRAVEL REIMBURSEMENT REQUEST

By signing this form and submitting it with my travel reimbursement request, I agree to allow the Agency to correct any and all small dollar mistakes, up to a maximum total of $10.00, and continue processing the reimbursement without returning the request to me to be corrected.

This consent is applicable for my travel on the following dates:

Travel from (date)______________

Travel to (date)______________

Employee Name________________________________________

Employee Signature_____________________________________

Date___________________________________________________
MEALS REIMBURSEMENT FORM FOR MEALS UNDER $10
(Submission of receipts for meals under $10 is not required)

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY OF THE WEEK</th>
<th>TIME</th>
<th>RESTAURANT NAME</th>
<th>AMOUNT PAID</th>
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Certification Statement:

I certify that the meals under $10 listed above represent actual expenses incurred by me on official State of Alabama travel.

______________________________
Employee Name

______________________________  _______________
Employee Signature               Date
I. IN-STATE TRAVEL

A. PRE-TRAVEL APPROVAL:

Any employee traveling within state in conjunction with their official duties must obtain approval prior to all such travel.

1. Proposed travel plans must first be reviewed and authorized by the employee's immediate supervisor.

2. If the supervisor concurs with travel plans, a travel request will be submitted by email to the Associate or Deputy Commissioner over the employee's institution or division, as applicable, unless specifically exempted.

B. POST-TRAVEL REVIEW:

1. An expense account must be submitted at the conclusion of the authorized travel for the appropriate travel allowance(s) as identified in Annex B.

2. The completed expense account form must be emailed to the Accounting Expense Reviewer for review.

3. The Accounting Expense Reviewer reviews the expense account and forwards to the Commissioner with a recommendation of approval and signature.

II. OUT-OF-STATE TRAVEL

A. PRE-TRAVEL APPROVAL:

Any employee traveling outside of the state while in conjunction with their official duties must obtain approval prior to all such travel.

1. Proposed travel plans must first be reviewed and authorized by the employee's immediate supervisor.

2. After the supervisor authorizes the employee's travel plans, the employee will submit Form FRMS 5 on-line at https://oos.alabama.gov. An automated e-mail will be sent to the Commissioner's Travel Designee for review and approval by the Commissioner or his designee.

3. With the concurrence of the Commissioner or his designee, authorization for out-of-state travel must then be requested from the Governor.

B. POST-TRAVEL:

1. An expense account must be submitted at the conclusion of the authorized travel for reimbursement of actual expenses incurred as authorized by this regulation.

2. The completed expense account form must then be submitted by e-mail to the Expense Review Staff in the ADOC Accounting Division.

3. The Accounting Expense Reviewer reviews the expense account and, if the request is correct, forwards to the Commissioner or the Agency designee with a recommendation of approval. Requests with minor errors will also be processed if the employee has signed and attached the Consent to Corrections of Small Mistakes form. Without the submission of the Consent to Correct Small Mistakes Form, any incorrect request will be returned to the employee to correct and restart the reimbursement process.
# SCHEDULE OF IN-STATE TRAVEL ALLOWANCES

## MILEAGE:

<table>
<thead>
<tr>
<th>Reimbursement</th>
<th>Rate</th>
</tr>
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<tbody>
<tr>
<td>Allowance to be provided in lieu of actual expenses (regardless of trip duration)</td>
<td>Current rate is available on the Department of Finance Comptrollers website at comptroller.alabama.gov. Click on mileage rates.</td>
</tr>
</tbody>
</table>

## SUBSISTENCE

(Travel away from base with same day return):

<table>
<thead>
<tr>
<th>Trip Duration</th>
<th>Subsistence Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 hours</td>
<td>** Unauthorized **</td>
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<tr>
<td>6 hours through 12 hours</td>
<td>$11.25 for meal allowance ((15% \text{ of the daily per diem rate}))</td>
</tr>
<tr>
<td>Over 12 hours</td>
<td>$30.00 (\text{(Represents one meal allowance, plus one-fourth the$75 daily per diem rate)})</td>
</tr>
</tbody>
</table>

## PER DIEM

(Travel away from base with overnight stay without interim return):

<table>
<thead>
<tr>
<th>Trip Duration</th>
<th>Distance from Base</th>
<th>Daily Per Diem</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or more days (1 or more consecutive nights)</td>
<td>100 miles or less one way ((\text{Requires Commissioner's approval}))</td>
<td>$75.00 (\text{(Effective 9/8/2005)})</td>
</tr>
<tr>
<td>2 or more days (1 or more consecutive nights)</td>
<td>More than 100 miles</td>
<td>$75.00 (\text{(Effective 9/8/2005)})</td>
</tr>
<tr>
<td>After being assigned to the same in-state location for 2 consecutive months</td>
<td></td>
<td>$56.25 (\text{(Effective 9/8/2005)})</td>
</tr>
</tbody>
</table>
EXAMPLE

STATE OF ALABAMA
Request For Out-of-State Travel

Agency ____________________________ Division ____________________________ Date: __________

Request is made for authorization to travel to ____________________________ for the purpose of attending a ____________________________

Depart Date ____________________________

Your First Waving Begins ____________________________ Date __________
Your Last Date Ending ____________________________ Date __________

Return Date ____________________________

Gay ____________________________

Lodging & Parking & Business Services: Total ____________________________

| Conference & Registration Fees: | Total: |
| Parking at Event Location: | Total: |

Employee Agreement:

I am familiar with both agency and state travel policies and procedures and hereby agree that the requested travel and associated expense reporting will be conducted with those travel policies and procedures.

Agency Director Approval:

By transmitting the Out-of-State Travel Request Form to the Governor, the Director/Commissioner acknowledges and approves of this travel request. This agency recommends the Governor approve this request.

Agency/Boards State Funds ____________________________ Name ____________________________

Funds ____________________________ Name ____________________________

Other ____________________________ Name ____________________________

Personnel Funds ____________________________ Name ____________________________

Employee □ Contract □ Board Member □ Guest □

CONUS Daily Maximum:

<table>
<thead>
<tr>
<th>Date</th>
<th>Total</th>
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<tbody>
<tr>
<td>SUN</td>
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<td>MON</td>
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<td>TUE</td>
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<td>SAT</td>
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</tbody>
</table>

Meal Total: ____________________________

GRAND TOTAL: ____________________________

TRAVELER REQUESTED APPROVAL

SUPERVISOR APPROVED

PER STATEMENT OF TRAVELER

Agency/Boards State Funds ____________________________ Name ____________________________

Funds ____________________________ Name ____________________________

Other ____________________________ Name ____________________________

Personnel Funds ____________________________ Name ____________________________

Employee □ Contract □ Board Member □ Guest □

Commissioner

APPROVED

Governor
Automated OOS Travel

TRAVELER submits request online website: oos@alabama.gov

Automated email with APPROVAL LINK goes to the Travel Designee

TRAVELER uploads travel packet/documentation

REQUIRED: 1. Agenda; 2. If applicable, flight cost (can be estimated)
Optional/Agency Preference: 1. Hotel Information 2. Conference/Registration Fee

TRAVEL DESIGNEE opens link to Agency Approval Page
1. Check for the presence of the travel request form & travel packet documentation
2. If documentation missing, may upload for traveler or call traveler and ask them to do so
3. Review travel request and documents for accuracy
4. If necessary, call Governor’s Office to cancel

If granted authority by Agency Director

PRESS APPROVE

OR

forward email & link to Agency Director’s choice

AGENCY DIRECTOR’S CHOICE opens links to Agency Approval Page

Complete the same 4 steps as above

PRESS APPROVE

AGENCY APPROVAL GRANTED:
Agency Director’s Name, Date & Time Stamp & Governor Signature Will Appear on Form

Note: The Executive Assistant to the Commissioner is the Travel Designee and the Agency Director’s Choice.