

# **TRAVEL**

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# NAVARRO COUNTY, TEXAS POLICY AND PROCEDURES MANUAL

## I. TRAVEL POLICIES

County employees, officials or department heads, traveling out-of-county on official county business, will be reimbursed for such travel upon submitting the appropriate travel expense report to the County Auditor. This Travel Policy applies to travel that includes an overnight stay out of county.

The County will reimburse the state per diem rate for meals. The state reimbursement rate is currently \$51 per day. For travel outside of the state of Texas, The County will reimburse the IRS M&IE Rate found on the **GSA website, <http://www.gsa.gov/portal/category/104711>**. On the first and last day of travel, the reimbursement will be 75% of the per diem rate, or \$38.25.

The County will reimburse actual expenses incurred for lodging. Original itemized receipts to document lodging expenses must be attached to the appropriate travel expense report in order to receive reimbursement. ***Lodging expenses will not be paid without an original itemized receipt.***

The County will reimburse actual other travel expenses only if receipts are submitted with the travel expense report. ***Other travel expenses will not be paid without an original itemized receipt.***

The County will reimburse actual expenses on travel by air, bus or train at the lowest possible refundable rates. **All travel by air must be made utilizing the State Travel Management Program (STMP) contract.** The passenger's copy of the original ticket for travel by bus or train must be submitted with the travel expense report.

The county will reimburse for use of a personal auto on the basis of the rate used by the State of Texas, currently **\$0.545 per mile**, on the shortest route to and from each destination. ***Point-to-point mileage must be documented either by an employee's beginning and ending vehicle odometer readings or by googlemaps.com online mapping service using the Navarro County Courthouse as the point of origin and the exact address of the destination as the ending point.*** The use of the automobile for which reimbursement is sought must be for the benefit of the citizens of Navarro County and within the assigned duties of the person requesting reimbursement.

The following expenses will not be reimbursed:

- Personal telephone calls;
- Personal internet service;
- Spouse's lodging, meals or conference registration;
- Movies, video games or other similar entertainment;
- Cleaning or laundry;
- Other personal items, i.e. books, magazines, toiletries, etc.

It will be the responsibility of each Department to utilize budgeted travel funds for official County business only. These funds are budgeted for the purpose of allowing officials and employees to attend various association meetings, training seminars, educational seminars and required law enforcement travel relating to prisoners and probationers.

It will be the responsibility of each Official or Department Head to see to the strict enforcement of this policy. By signing the travel expense report, the Official or Department Head is certifying that the travel for which reimbursement is being sought was properly authorized and the report and accompanying receipts have been examined and are reasonable.

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## I. TRAVEL POLICIES (Cont'd)

Out-of-county travel expense reimbursement may be requested in two (2) ways:

- In advance – advance registration, hotel reservations or cash travel advance; or
- After travel has occurred.

The guidelines for completing the appropriate report for each type of reimbursement are outlined on the following pages.

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## II. ADVANCE TRAVEL EXPENSE REQUEST

The *Advance Travel Expense Request* form should be used when travel expenses are required in advance of the actual date on which the travel will occur.

This form should be completed as follows:

**NAME** – Enter the name of the person requesting the travel advance.

**DEPARTMENT** – Enter the name of the department where the travel expenses will be charged.

**PURPOSE OF TRAVEL** – Enter the reason for the travel (name of conference, seminar, etc.) and the destination.

**NOTE:** A copy of the registration form or descriptive literature (agenda) must accompany the travel advance request before the County Auditor will approve it for disbursement.

**TYPE OF ADVANCE REQUIRED** – Mark the appropriate block to indicate the type of advance requested, i.e. advance registration, hotel reservations, cash travel advance or other.

A separate *Advance Travel Expense Request* form should be completed for each type of advance being requested.

**NOTE:** Travel advance requests for registration will be mailed directly from the County Treasurer Office unless other arrangements are made with the County Auditor. A copy of the Hotel reservations or confirmation with the cost of per night stay is required.

**TOTAL AMOUNT REQUESTED** – Enter the amount of the expense advance requested.

**DATE ADVANCE REQUIRED** – Enter the date on which the travel advance is required.

**NOTE:** Travel advance requests should be submitted to the County Auditor's Office at least by Wednesday prior to each Commissioners Court Meeting. (i.e.: Commissioners Court meets every 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month, submit 3 business days prior).

**TOTAL AMOUNT REQUESTED** – Enter the amount of the travel advance being requested.

**PAYABLE TO** – Enter the name and address of the person, vendor or entity to which the advance check should be made payable. If the check is to be made payable to a county employee, the address is not required.

**SIGNATURES** – The employee requesting the advance should sign and date the travel advance request in the designated area at the bottom of the form. The Official or Department Head should sign and date the travel advance request in the designated area at the bottom of the form to signify approval of the request. If the travel advance is being requested by an Official or Department Head, a signature is only required in the area designated for the Officeholder's signature.

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In order to be approved to receive travel advances, you must submit completed travel reconciliation report with all related receipts attached, to the County Auditor's Office no later than fifteen (15) days from the date you return from your trip

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## NAVARRO COUNTY ADVANCE TRAVEL EXPENSE REQUEST

EFFECTIVE JANUARY 11, 2016

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DATE OF TRAVEL: \_\_\_\_\_ to \_\_\_\_\_

TYPE OF ADVANCE REQUIRED (Check One):

- Advance Registration
- Hotel Reservation
- Meals
- Mileage

TOTAL AMOUNT REQUESTED: \_\_\_\_\_

DATE ADVANCE REQUIRED: \_\_\_\_\_

PAYABLE TO (Name & Address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:**

In order to receive an advance on travel expense, this form must be completed and submitted to the County Auditor's Office at least by the **Wednesday prior to each Commissioners Court Meeting.**  
(i.e.: Commissioners Court meets every 2nd and 4th Monday of each month, submit 3 business days prior)

**Upon return to the County, a Report of Personal Expenses and Travel Reconciliation for Reimbursement form must be completed and submitted to the County Auditor's Office with all necessary receipts attached along with any refund due the county or request for reimbursement of additional expenses incurred.**

The undersigned certifies that the information contained herein is true and correct, is reasonable and within the employee's normal job assignment and necessary for County business.

\_\_\_\_\_  
EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OFFICE HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COUNTY AUDITOR'S OFFICE ONLY**

ACCT. NO.: \_\_\_\_\_ VENDOR: \_\_\_\_\_ APPROVED: \_\_\_\_\_

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## III. AIR TRAVEL

All air travel must be made utilizing the State Travel Management Program (STMP) contract. The STMP contract airline fare authorization form must be completed and submitted to the County Auditor's office for approval.

Air travel by any other means will not be reimbursed unless approved in advance of travel by the County Auditor.

The STMP contract airline authorization request should be completed as follows:

**NAME:** Full name as it appears on the traveler's driver license.

**DEPARTMENT** – Enter the name of the department where the travel expenses will be charged.

**PURPOSE OF TRAVEL** – Enter the reason for the travel (name of conference, seminar, etc.)

**NOTE:** A copy of the registration form or descriptive literature (agenda) must accompany the air travel advance request before the County Auditor will approve it.

**DESTINATION:** The city/state to which you are traveling.

**DEPARTURE DATE:** The mm/dd/yy you desire to depart.

**DEPARTURE TIME:** List the approximate time.

**RETURN DATE:** The mm/dd/yy you desire to return.

**RETURN TIME:** List the approximate time.

**SIGNATURES** – The employee requesting the advance should sign and date the travel advance request in the designated area at the bottom of the form. The Official or Department Head should sign and date the travel advance request in the designated area at the bottom of the form to signify approval of the request. If the travel advance is being requested by an Official or Department Head, a signature is only required in the area designated for the Officeholder's signature.

Once the form has been completed, it should be forwarded to the County Auditor's office. This form should be completed at least 30 days prior to travel for all non-emergency air travel and airline itinerary should be attached.

### **EMERGENCY TRAVEL OR PRISONER TRANSPORT**

Emergency travel or prisoner transport can be made utilizing the STMP contract. A minimum of 24 hours is required for ticket purchase. Complete the form and hand deliver to the County Auditor's office immediately upon notification of travel.

### **NAVARRO COUNTY STATE TRAVEL MANAGEMENT PROGRAM**

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CONTRACT AIRLINE FARE AUTHORIZATION**

**NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

RETURN TIME: \_\_\_\_\_

The undersigned certifies that the information contained herein is true and correct, is reasonable and within the employee's normal assignment and necessary for County business.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officeholder Signature

\_\_\_\_\_  
Date

---

AIRFARE RATE: \_\_\_\_\_

CONFIRMATION NUMBER: \_\_\_\_\_

CONFIRMATION DATE: \_\_\_\_\_

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**Note: Please return this along with Itinerary**

**County Auditor's Office Only**

***AUTHORIZATION FOR TRAVEL***

***This is to certify that the above named individual is authorized to travel utilizing the State Travel Management Program, of which Navarro County is a participant. This individual is on official County business and travel arrangements are the responsibility of Navarro County.***

\_\_\_\_\_  
Authorized County Official

\_\_\_\_\_  
Date

**CONTACT INFORMATION FOR THE COUNTY:**

**Office: Navarro County Auditor's Office**

**Point of Contact: Natalie Robinson Phone: 903-875-3321 Fax: 903-654-3097**



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**IV. TRAVEL EXPENSE RECONCILIATION**

The *Report of Personal Expenses Relating to County Business and Travel Reconciliation for Reimbursement* form should be used after travel expenses have been incurred. The form should be completed as follows:

**NAME** – Enter the name of the person submitting the reconciliation for travel expenses. The reimbursement checks will be made payable to the person indicated in this space.

**DEPT.** – Enter the name of the department where the travel expenses should be charged.

**PURPOSE OF TRAVEL** – Enter the title of the conference, seminar or other reason for travel and the destination.

**PERIOD COVERED BY THIS REQUEST** – Enter the dates for which reimbursement is being requested.

**The section provided for itemized, daily travel expenses should be complete as follows:**

**DATE** – List the date for each day, in order, for which each travel expense incurred.

**TRAVEL FROM** – Enter the city where travel began on the date when travel actually occurred.

**TRAVEL TO** – Enter the city that was your destination on the date when travel actually occurred.

**NO. MILES** – Enter the total mileage traveled, on the dates where *Travel From* and *Travel To* cities were indicated.

**AIR FARE/CAR RENT** – Enter the expense incurred for travel by public conveyance, i.e. air, bus, train, etc, on the dates when travel actually occurred. Do not include taxi fare in this column.

**LODGING** – Enter the lodging expense on the dates expenses were incurred.

**MEALS** – The state per diem rate for meals each day should be entered in this column. The reimbursement rate will be 75% of the state per diem rate on the first and last day of travel.

**MISC** – Other expenses.. The total of these expenses for each day should be added together and the total entered in this column. With supporting receipts attached.

**DAILY TOTAL** – The itemized daily amounts should be totaled for each day and that amount entered on the appropriate line for that day in this column.

**TOTALS** – Each column, i.e. *Air Fare/Car Rent, Lodging, Meals, Misc., Daily Total*, should be totaled and that amount entered in the space at the bottom of each column.

**TOTAL MILEAGE** – The column headed *No. Miles* should be totaled and the total entered in the space at the bottom of the column. Total mileage should then be multiplied by the approved reimbursement rate. That amount should be entered in the *Daily Total* column.

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**TOTAL EXPENSES** – The daily total and the total mileage amount should be added together and that amount entered in this space.

## **IV. TRAVEL EXPENSE RECONCILIATION (Cont'd)**

**LESS: REQUESTED TRAVEL ADVANCE** – Enter the check number, date and amount of any travel advance received for hotel reservations or cash advance in the spaces provided. If no travel advance was received, leave this item blank.

**REIMBURSEMENT DUE EMPLOYEE/(AMOUNT DUE COUNTY)** – Subtract the travel advance check amount, if any, from the total expenses. If the result is positive, reimbursement for travel expenses is due the employee. **If the result is negative, the employee is responsible for returning that amount, with the signed, completed expense reconciliation request form to the County Treasurer after the County Auditor's Office approval.**

**SIGNATURES** – The employee completing the reconciliation should sign and date the report in the designated area at the bottom of the form. The Official or Department Head should sign and date the report in the designated area at the bottom of the form to signify approval of the report. If the report is being made to reimburse the Official or Department Head, a signature is required only in the area designated *Officeholder Signature*.

Once the report has been completed, original itemized receipts and proof of attendance (name tag, certificate or email/letter from conference/seminar/workshop personnel confirming attendance) have been attached for all travel expenses other than meals, it should be sent to the County Auditor's Office for approval. **If the employee owes the County money, the complete report with all receipts attached as well as the amount due to the County should be sent to the County Treasurer's Office after the County Auditor's Office approval.**

Checks for reimbursement for travel expenses incurred will be available on the next Commissioners Court meeting after the Travel Reconciliation request has been submitted and approved by the County Auditor.

**NOTE: If the Travel Reconciliation is not turned in to the County Auditor's office before your next Travel Advance request, your request will not be processed until the County Auditor's office receives the Travel Reconciliation with appropriate back up.**

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**EXAMPLE ONLY!  
DO NOT USE**

NAVARRO COUNTY								
REPORT OF PERSONAL EXPENSES RELATION TO COUNTY BUSINESS AND TRAVEL RECONCILIATION FOR REIMBURSEMENT								
EFFECTIVE JANUARY 23, 2018								
NAME: _____				DEPARTMENT: _____				
PURPOSE OF TRAVEL _____								
PERIOD COVERED BY THIS REQUEST:								
FROM: _____			TO: _____					
DATE	TRAVEL FROM	TRAVEL TO	NO. MILES	AIRFARE/ CAR RENT	LODGING	MEALS	MISC	DAILY TOTAL
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
TOTALS				-	-	-	-	-
TOTAL MILEAGE			0.0	0.545				-
<b>TOTAL EXPENSES</b>								<b>-</b>
COUNTY AUDITOR'S USE ONLY				LESS: REQUESTED TRAVEL ADVANCE				
ACCT:				CK#			Date:	
VENDOR:				CK#			Date:	
APPR:				CK#			Date:	
REIMBURSEMENT DUE EMPLOYEE / (AMOUNT DUE COUNTY)								-
The undersigned certifies that the information contained herein is true and correct, is reasonable, within the employee's normal job assignment, and necessary for County business.								
EMPLOYEE SIGNATURE				DATE		OFFICEHOLDER SIGNATURE		DATE

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