CONTENTS

TRAVEL MANUAL OVERVIEW........................................Page 2
TRAVEL APPROVAL REQUEST......................................Page 3
TRAVEL APPROVAL REQUEST FORM.............................Page 4
TRAVEL CARD ACCOUNT.............................................Page 5
CONFERENCE/MEETING REGISTRATION
FEE..............................................................Page 5
HOTEL ACCOMODATIONS..........................................Page 6
JUSTIFICATION FOR LODING FORM.............................Page 7
TRAVEL REIMBURSEMENT ALLOWANCES
  Receipted Method.................................................Page 8
  Unreceipted Method...............................................Page 10
DAY-TRIP REIMBURSEMENT.......................................Page 11
MEALS AND LODGING PROVIDED BY
  AGENCY OR ORGANIZATION.................................Page 11
PERSONAL VEHICLE................................................Page 12
FOREIGN TRAVEL..................................................Page 13
TRAVEL VOUCHER..................................................Page 13
REIMBURSEMENT CRITERIA........................................Page 14
MEAL AND INCIDENTS EXPENSES BREAKDOWN..............Page 15
STATEMENT OF AUTOMOBILE TRAVEL......................Page 16
EMPLOYEE REPORT OF TRAVEL EXPENSES................Page 17
TRAVEL MANUAL OVERVIEW

The purpose of this Travel Manual is to explain the travel policies and procedures for employees of Downstate Medical Center (DMC) in addition to clarifying New York State’s regulations regarding reimbursement of expenses to an employee who is in travel status.

Getting authorization and submitting for reimbursement of travel is a multistep process.

Prior to travel you must complete a Travel Authorization Form with an estimate of your travel expenses.

If a State Issued Travel Card is used to purchase tickets in advance of your trip you must reconcile the payment against the statement in the month your transaction(s) are posted.

When you return from your trip you must complete a Travel Voucher (see page 13) if you have any personal expenses and complete a statement of expenses.

In addition, your Travel Card statements that coincide with your trip must also be submitted.

An employee is considered in travel status when he/she is on an assignment at a location more than 35 miles from both Downstate Medical Center and his/her home.

Travel between the employee’s home and DMC is considered commuting and is not reimbursable.

TRAVEL APPROVAL REQUEST FORM

DMC State employees must complete the Travel Approval Request Form (see page 10) and obtain the approval signatures of their Supervisor and the Executive Vice President/Chief Operating Officer or Chief Financial Officer before confirming registrations, transportation and hotel payment.

A Travel Approval Request Form is required with the following information:

- Traveler’s name
- Purpose for the trip
- Destination
- Dates of travel
- Mode of travel
- Total estimated cost
- Funding source (Account code)
- Supervisor’s signature
- Signature of the Executive Vice President
TRAVEL CARD ACCOUNT

All divisions within DMC have been assigned a Travel Coordinator who will handle and be responsible for their division’s Travel Cards which can be used to purchase all Airline, Railroad and Bus tickets or Hotel. Travel Coordinators should keep and secure all the Travel Card and only give them out as needed. Cards should be returned to the Travel Coordinator on completion of travel.

All ticket reservations must be handled by an authorized registered NYS state travel agency. State employees may use their personal credit cards or other forms of payment for air, rail or bus fares and then request reimbursement from state funding.

All travel transactions must be submitted to your Travel Coordinator, within a 30 day period. The Travel Coordinator will submit receipts on an approved Requisition with “TRAVEL” in the suggested vendor area, the traveler’s name in the description area and the appropriate State account code in the funding area showing the total amount that was charged to the Travel Card. The following documents should be attached to the Requisition:

- A copy of the e-ticket or rail/bus ticket
- A copy of the conference itinerary
- A copy of the Travel Approval Request form

CONFERENCE/MEETING REGISTRATION FEE

Travelers have 2 options to pay for their Registration fee:

Option 1 – Use a personal credit card to pay for your Registration fee and get reimbursed when your Travel Voucher is processed after completion of travel.

Option 2 -- Use the Citibank Visa PCard for Conference Registration (Do Not Use the Travel Card)
HOTEL ACCOMMODATIONS

Hotel accommodations can be charged to the Citibank Travel Card. Hotel transactions can also be processed with a NYS Purchase Order but Requisitions for this transaction must be received 60 days in advance of travel date for processing.

Option 1 – Hotel payments can be charged against the NYS employee’s Travel Card

Option 2 – Use a personal credit card and get reimbursed when your Travel Voucher is processed after completion of travel. Submit your completed Travel Voucher and hotel receipt(s) directly to Accounts Payable, MSN - 54 for reimbursement, with all appropriate signature from your supervisor.

JUSTIFICATION FOR LODGING
OVER THE MAX PER DIEM RATE

It is expected that SUNY DMC travelers will do their best to find lodging within the state per-diem rates.

When the traveler’s lodging exceeds the Federal Per-Diem rate for either domestic or foreign travel, they must submit an Over The Max Per-Diem Form (Lodging Justification). In addition, the traveler must obtain prior approval to exceed the State Per-Diem from their Department Head/Chairman.

Request for over-the-limit hotel authorization is required \textbf{BEFORE} assuming travel status.

JUSTIFICATION FOR LODGING FORM

Online at: [http://www.downstate.edu/procurement/accounts-payable.html#APforms](http://www.downstate.edu/procurement/accounts-payable.html#APforms)
Employees may choose one of two methods for reimbursement for overnight travel and for lodging and meals.

Breakfast and dinner are reimbursable meals but lunch is not. Tips and incidental expenses are included in the reimbursement amounts.

No receipts are required when using this method. Travelers using this unreceipted method are also eligible for an additional $5.00 for breakfast on the day of departure if they have to leave more than one hour before their normal work start time.

They are also eligible for an additional $12.00 for dinner on the day of return if they return more than two hours later than their normal work ending time.

**1) Receipted Method:**

This method provides reimbursement of actual lodging cost and an allowance for meals based on Federal reimbursement rates for the county of lodging. The per diem rates for locations of lodging, the county and city must be indicated on the Travel Voucher. Receipts are required for lodging but not for meals when using this method.

Each day the traveler is in overnight travel status, the traveler is eligible for reimbursement for lodging up to a maximum lodging per diem allowance for meals. The meal per diem is for dinner the first night and breakfast the following day.

Travelers using this method are also eligible for an additional per diem for breakfast if they have to leave more than one hour before their normal work start time the first day and/or for dinner if they return more than two hours later than their normal work ending time on the last day of travel.

In these cases, breakfast and/or dinner will be reimbursed up to the maximum amount of the meal per diem allowance specified for the particular area of lodging.

The meal per diem allowance is the Federal rate for meals and incidental expenses (M&IE). To find your M&IE allowance, go to the website, [http://www.gsa.gov/perdiem](http://www.gsa.gov/perdiem), click on the state to which you would be traveling and scroll down the M&IE Rate column for the particular city/county.

Maximum lodging rates exclude taxes. For travel within New York state, a Tax Exemption Certificate (ST-129) should be used.

For travel outside of New York state, state and local taxes are not included in the maximum lodging amount and will be reimbursed in addition to the per diem amount.
(2) Unreceipted Method:

This option provides for a flat per diem rate allowance for meals, lodging and incidental expenses regardless of where lodging is obtained including lodging with relatives or friends.

Rates are established based on the city or county where lodging is obtained or the location to which the employee was traveling (whichever rate is less) and such location must be indicated on the Travel Voucher.

<table>
<thead>
<tr>
<th>Location</th>
<th>Per Diem</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City, Nassau, Suffolk, Rock and Westchester Counties</td>
<td>$50.00</td>
</tr>
<tr>
<td>Cities of Albany, Binghamton, Buffalo, Rochester, Syracuse and their respective surrounding metropolitan areas</td>
<td>$40.00</td>
</tr>
<tr>
<td>All other locations in New York State</td>
<td>$35.00</td>
</tr>
<tr>
<td>Out of State (this rate includes any out of state tax on lodging)</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

DAY-TRIP REIMBURSEMENT

Travelers may be reimbursed for breakfast and/or dinner for day-trips based on departure and return times. Travelers are entitled to reimbursement for breakfast if they have to leave more than one hour before their normal work start time, and/or for dinner if they return more than two hours later than their normal work ending time.

Travelers without meal receipts are reimbursed $5.00 for breakfast and $12.00 for dinner. For example, a traveler leaves Brooklyn before 7:00am for Albany and arrives back in Brooklyn the same day after 6:00pm. The traveler’s scheduled work hours are 8:00a.m. to 4:00p.m. As such, the traveler is entitled to a reimbursement of $5.00 for breakfast and $12.00 for dinner.

Travelers with meal receipts are reimbursed up to the maximum amount of the meal per diem allowance specified for the particular area of travel. The meal per diem allowance will be apportioned for breakfast and dinner. Refer to: [http://www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) for current meal allowances.

Day-trip meal reimbursements are reportable as income to the IRS.

MEALS AND LODGING PROVIDED BY AGENCY OR ORGANIZATION

(If your meals are included in the Conference Fee, you do not get a meal allowance.)

If meals and/or lodging are provided by the employee’s agency or another agency or organization without charge to the traveler, that fact including the name of the agency or organization must be indicated on the Travel Voucher. However, if only lodging was provided, meal allowances based on location of lodging may still be claimed.
PERSONAL VEHICLE

A personal vehicle may be used to travel but the traveler should use the most efficient and cost effective method of transportation available.

When a common carrier is available but a more expensive method is chosen without sufficient justification, DMC may reimburse only the common carrier rate.

All reasonable and necessary parking and toll charges will be reimbursed whether paid in cash or with personally issued EZ Pass but DMC may not establish any EZ Pass accounts for employees’ personal cars.

Charges for gasoline, accessories, repairs, depreciation, anti-freeze, towing, insurance and other expenditures will not be reimbursed.

These are considered operational costs and are included in the mileage allowance. You must complete a Statement of Automobile Travel form and submit it with your Travel Voucher to Accounts Payable, Box #54 for reimbursement for automobile usage.

FOREIGN TRAVEL

Travel outside the continental United State is reimbursed based on the maximum per diem allowance established by the U.S. Department of State which is published monthly. Expenses directly related to lodging and meals are included in the foreign per diem allowance. However, some expenses which are unique to foreign travel may be reimbursed at the discretion of the Executive Vice President/Chief Operating Officer and/or the Senior Vice President/Chief Financial Officer with appropriate justification signed off by the traveler’s supervisor.

TRAVEL VOUCHER

Online at: [http://osc.state.ny.us/agencies/forms/ac132s_fe.pdf](http://osc.state.ny.us/agencies/forms/ac132s_fe.pdf)

The Travel Voucher form, once approved by your supervisor, should be submitted directly to Accounts Payable, Box #54 after your trip is completed. For reimbursement, the Travel Voucher form is required to have the following information:

- Payee’s ID (SS# - 9 digits)
- Traveler’s home address
- Purpose for travel
- Destination (including county/city)
- Departure & return times
- Travel expenses (meals, lodging, etc.)
- Payee’s signature
- Supervisor’s signature
- Account Unit (funding source)
REIMBURSEMENT CRITERIA

Submit your Travel Voucher to DMC’s Accounts Payable Department (Box #54) within 60 days after the completion of your travel and attach the following:

- Travel Approval Request Form
- Conference information (e.g. brochure)
- Completed Registration application
- Receipts for accommodations, vehicle, tools, cab fare, etc.
- Copy of Credit Card statement as proof of payment
- Justification letters, if needed
- Statement of Automobile Travel (if using personal vehicle)
- Travel Voucher with valid Budget code, your signature and relevant approval signature(s)

Reimbursements will be processed within 30 days from the date that the documents above are received in the Accounts Payable Department.
## STATEMENT OF AUTOMOBILE TRAVEL

**State of New York**

Submit with expense report

<table>
<thead>
<tr>
<th>Name</th>
<th>Travel Start Date</th>
<th>Travel End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Between What Points</th>
<th>Actual Mileage</th>
<th>Mileage Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency/Name**

**Business Unit/Department Code**

**Employee ID**

**Official Position**

**Last Name**

**First Name**

**M**

**Suffix**

**Address**

**City**

**State**

**Zip**

**Normal Work Hours**

**Business Purpose**

**Travel Direction**

**Travel Start Date and Time**

**Travel End Date and Time**

**Trip Card**

**Advance**

**Direct Bill**

**Travel Description**

1. Indicate All Travel Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Rate/Per Mile</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Summary

<table>
<thead>
<tr>
<th>Totals</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legging**

A. Total Travel Expenses

B. Subtotal Amount Paid with Travel Advance

C. Subtotal Amount Paid to Corp Card (AC1326-B)

D. Other Direct Bill to Agency (Specify)

E. Other Adjustments (Specify)

**Meals (AC1326-B)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Incurred Expenses – Unit (AC3209-B)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Travel Expenses – Enter in Section 2 Use A**

<table>
<thead>
<tr>
<th>Totals</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Traveler’s Certification**

I hereby certify that the above account and attached schedules are true, correct, that no part thereof has been paid except as indicated herein, and that the total expenses incurred are fairly and accurately shown and that the amounts claimed were necessary and incurred in the performance of my official duties.

**Signature**

**Title**

**Date**

**Supervisor’s Certification (If required)**

I, the claimant’s supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant’s authorized official duties.

**Signature**

**Title**

**Date**

### FOR AGENCY USE ONLY

**Finance Report Number**

<table>
<thead>
<tr>
<th>Travel Audit Code</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Online at: [http://www.osc.state.ny.us/agencies/forms/](http://www.osc.state.ny.us/agencies/forms/)
NOTES

SUNY DOWNSTATE MEDICAL CENTER

All Questions on Travel procedures should be referred to:

Travel Administrator
Diane DeSouza
Travel Administrator
Contracts and Procurement Department
(718) 270-2799

Travel Coordinator
Catherine Songster
Travel Coordinator
Contracts and Procurement Department
(718) 270-7280

CITIBANK CTA CUSTOMER SUPPORT
Card Malfunctions and Disputes

• Customer Service
  1-800-790-7206 – Option #1

• Help Desk
  1-800-790-7206 – Option #2 and then Option #2 again

• Citibank Client Account Manager
  1-800-790-7206 (Ext. 9541101)

• Citibank Website
  http://www.cards.home.citidirect.com

For Air, Rail & Bus Reservations

Euro Lloyd Travel Group
212-629-5470 or
800-445-4256

Advantage Travel
518-426-0052 or
888-444-4240