

## SUNY DOWNSTATE MEDICAL CENTER

All Questions on **Travel** procedures should be referred to:

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## CITIBANK CTA CUSTOMER SUPPORT

### Card Malfunctions and Disputes

- **Customer Service**  
1-800-790-7206 – Option #1
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1-800-790-7206 – Option #2 and then Option #2 again
- **Citibank Client Account Manager**  
  
1-800-790-7206 (*Ext. 9541108*)
- **Citibank Website**  
<http://home.cards.citidirect.com>

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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**



SUNY  
**DOWNSTATE**  
Medical Center

# TRAVEL



# MANUAL

## Contracts & Procurement Dept

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## **NOTES**

## State of New York Travel Voucher

Voucher Number

Originating Agency		Agency Code		Interest Eligible Y/N		N	
Payment Date MM/DD/YYYY		OSC Use Only		Utility Date MM/DD/YYYY			
Payee ID		Additional		Zip Code		Payee Amount	
Payee Name (Last)		First		Middle		Suffix	
Address		City		State		Zip	
Purpose of Travel		Official Status		Residence			
Departure Date and Time		Return Date and Time		Frag Unit		Travel Advance	
Paid By		Direct Bill		Corporate Card		Yes/No	

Total		Q. Summary & Total Travel Expenses		Amount	
Lodging		R. Submit Amount Billed Directly to Agency (Corporate Card)			
Transportation		C. Submit Amount Paid With Travel Advance			
Meals		D. Other Adjustments (Specify)			
Mileage @ \$ per mile =					
Incidental Expenses (List)					
Total Travel Expenses - Enter in Section 2 Line		Total Amount To Be Reimbursed To Traveler			

I hereby certify that the above account and attached schedule are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.		State Comptroller's Pre-Audit Certified For Payment By	
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.		Agency Personnel Office Use I certify that this claim is correct and just, and that this payment is approved.	
Signature of Supervisor		Authorized Signature	
Title		Title	
Date		Date	

Expenditures										Liquidation				
Cost Center Code					Object		Account		Amount		City Agency	PCI	Line	RP
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide								

## 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.

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 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

Each NYS employee who will be in travel status should be issued a Citibank Travel Card. 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.

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.

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

Travelers have 2 options to pay for their Registration fee:

- |                   |  |
|-------------------|--|
| <b>Option 1 –</b> | Use a personal credit card to pay for your Registration fee and get reimbursed when your Travel Voucher is processed after completion of travel. |
| <b>Option 2 -</b> | Use Your Departmental PCard for Conference Registrations   |

(Submit with travel expense voucher)

.....	Subviseur No.
..... (Department, Commission or Other Agency)	.....
<b>PAYEE</b> .....	<b>Sheet No.</b> .....

\*Enter meals not included in per diem: B for breakfast, D for dinner.

I hereby certify that the travel indicated was necessary and on official business of the State.

**Signature of Transferor**

## Domestic Per Diem Rates

Rates are set by fiscal year, effective October 1. To look up rates throughout the continental United States (CONUS), select a year and click on a state. FY 08 Downloadable Files. Per Diem Bulletin Announcing Revised Rates.

Find Rates for Fiscal Year: **2007 (Current Year)**



### Delaware - FY 07

(October 1, 2006 through September 30, 2007)

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACo) website (a non-federal website).

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of \$60.00 for lodging and \$39.00 for meals and incidental expenses (M&IE).

State Tax Rates & Exemption Forms

Properties at Per Diem (FedRooms)

View a state map with highlighted areas showing where rates listed below apply. Standard CONUS rates apply elsewhere.

Select another State

Primary Destination	County	Max Lodging (incl taxes)	M&IE Rate	Max Per Diem Rate	First & Last Day (75% of Month)
Dover (October 1 - May 31)	Kent	75	44	120	33.0
Dover (June 1 - September 30)	Kent	86	44	130	33.0
Lewes (October 1 - June 30)	Sussex	73	39	112	29.25
Lewes (July 1 - August 31)	Sussex	106	39	145	29.25
Lewes (September 1 - September 30)	Sussex	73	39	112	29.25
Wilmington	New Castle	102	39	141	29.25

## HOTEL ACCOMODATIONS

Hotel accommodations can be charged to the Citibank Travel Card.

Or

Hotel accommodations can be charged to the employee's personal credit card.

**Option 1 –** Hotel payments can be charged against the NYS employee's Citibank 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.

## TRAVEL REIMBURSEMENT ALLOWANCES

Employees may chose 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.

### (1) 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.

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

<b>SUNY HEALTH SCIENCE CENTER AT BROOKLYN (28100)</b> <b>Travel Approval Request</b>		Date _____
MED. UNIT _____	BOX # _____	TELEPHONE _____
TRAVELER NAME _____	SOURCE OF FUNDS _____	
TRAVELER TITLE _____	STATE ACCOUNT # _____	
DEPARTMENT _____		
DESTINATION _____		
DATES OF TRAVEL: From _____ To _____		
MODE OF TRAVEL: <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> AUTOMOBILE		
ESTIMATED COST:		
TRANSPORTATION	\$	_____
MEALS	\$	_____
HOTEL	\$	_____
OTHER	\$	_____
TOTAL	\$	_____
PURPOSE FOR TRIP (See Guidelines on Reverse Side)		
CHECK ONE: <input type="checkbox"/> OUT-OF-STATE MEETING <input type="checkbox"/> OTHER OUT-OF-STATE <input type="checkbox"/> NEW YORK STATE		
APPROVAL SIGNATURES:		
_____ <small>DEPARTMENT CHAIRMAN / DEAN</small>	_____ <small>VICE PRESIDENT</small>	_____ <small>PRESIDENT</small>



## TRAVEL VOUCHER

The Travel Voucher form 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 (see page 13) to DMC's Accounts Payable Department (MSN#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.

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.

### (2) 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>, click on the state to which you would be traveling and scroll down the M&IE Rate column for the particular city/county. (see page 11)

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.

There might be occasions when travelers are unable to find a hotel at a rate that does not exceed the maximum Federal lodging per diem rate for the location of travel. If that occurs, the traveler must obtain prior approval to exceed the Federal rate and indicate this on the Travel Approval Request form.

## **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> 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 (see page 12) 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.