

## Department of Administrative Services - State Accounting Enterprise

|  |                                    |                              |  |
|--|------------------------------------|------------------------------|--|
| <b>Section</b><br>PRE-AUDIT                                      | <b>Procedure Number</b><br>280.201 | <b>Page Number</b><br>1 of 4 | <b>Effective Date</b><br>January 1, 2019 |
| <b>Subject</b><br>ACCOUNTING TRANSACTIONS<br>TRAVEL PAYMENT (TP) |                                    |                              |  |

1. The Travel Payment (TP) document must be used any time individuals are traveling on behalf of the State and requesting reimbursement of expenses from the State, except for payroll related items. It must also be used when expenses incurred by individuals are billed directly to the State.
2. Below are instructions for completing the document. These examples represent the most common situations an individual may encounter. The letters correlate with the example at the end of this procedure.
  - a. Enter the official domicile, which is the city or metropolitan area within which the individual's office is located. If the individual is not assigned to any particular office, the official domicile is designated by the Appointing Authority.
  - b. Purpose of travel, check the appropriate box. If "Other" is checked, describe purpose.
  - c. Individual enters his/her name and address. I/3 is not connected to the centralized payroll system, therefore it is the department's responsibility to set up the individual on the vendor file.
  - d. Enter the calendar year in the space provided, and in the column enter the month and day travel occurred.
  - e. Enter the departure time for the first day of the trip. AM or PM must be included.
  - f. Enter the time returned for each day a trip is concluded. AM or PM must be included.

**Example:** The individual's official domicile is Des Moines. He/she departs from his/her official domicile at 8:15 AM and returns to the official domicile at 11:30 AM. "Time Left" and "Time Returned" must be completed on the TP.

**Example:** The individual's official domicile is Des Moines. He/she travels to Sioux City for 3 days. On the first day, the individual leaves the official domicile at 6:30 AM. On the 3rd day, the individual returns at 2:00 PM. The time left on the first day and time returned on the last day of the trip must be included on the TP.

- g. Enter the place of origination and most distant point traveled for that particular date. If there is no lodging for that particular date, it will be assumed the individual returned to the official domicile and/or residence, unless an explanation such as "stayed with friends" or "stayed with relatives" is included on the TP. Include any vicinity mileage.
- h. Enter either the number of miles traveled on official State business for that particular date, or an explanation of how the individual arrived at the destination.

The state car number is not required unless items are purchased for the state car and the DAS-CPFSE Credit Card is not used. See Procedure 210.131(2). The name of the passenger(s) or driver is optional. When leaving from home instead of the office, normal commuting miles must be deducted from mileage. See Procedure 210.107.

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- i. Enter the rate of mileage reimbursement. See Procedure 210.107 for current mileage rate.
- j. Enter the total charge for mileage indicated in "i".
- k./l./m. Enter the ACTUAL cost of breakfast, lunch, and/or dinner incurred in travel. If including breakfast on the first morning of a trip, or dinner on the evening returning from a trip, it must be indicated on the TP that the individual left before 6:00 AM and/or returned after 7:00 PM. If there is no explanation, the TP must be reduced accordingly. When a meal is included in a registration fee or is provided by an outside source, indicate this on the TP.
- n. Enter the total costs of k./l./m.
- o. Enter the total reimbursable amount of "n" unless this cost is in excess of the maximum allowed. See Procedure 210.205.
- p. Enter the ACTUAL cost of lodging. This includes room charge and applicable taxes. It does not include phone calls, meal expenses, or other items which may appear on the lodging facility receipt. The actual, detailed lodging receipt with the facility name and address on it must be attached to the back of the TP. For additional requirements of individuals sharing a room, see Procedure 210.205(2)(a)(4).
- q. Enter the amount of item "p" unless it exceeds the allowable amount. If the maximum rate is exceeded, enter the maximum amount allowed. See Procedure 210.205 for allowable reimbursement.
- r. Enter the appropriate code letters under "Transportation and Other Expenses." The description should be entered in the "Trans/Other Expense" section. The "O" code should be used for any expenses that do not have an assigned code. If there are multiple "other" expenses, start with "O" code and add as many numbers as necessary so each expense has a separate code.
- s. Enter the actual amount of the miscellaneous expense.
- t. Enter the total of columns j, o, q, and s.
- u. If a travel advance was issued, enter the amount here.
- v. Enter the calculated reimbursement requested.
- w. The "Yes" box should be checked if commuting miles have been deducted, or a calculation must be shown that commuting miles have been deducted.
- x. The "Yes" box should be checked if there was vicinity driving, per Procedure 210.215. If this is not entered and miles appear excessive, the TP must be reduced accordingly.
- y. The "Yes" box should be checked if the individual wants reimbursement direct deposited. See Procedure 270.401.
- z. Individual signs TP here. Individual's name, title, and date TP is signed shall be included. Original signatures must be used and each TP must be signed. If travel crosses fiscal years,

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two TP documents may be submitted with an original signature included on both TP documents, or the department may choose to pay expenses in one fiscal year and submit a JV1/CDE to move expenses to the proper fiscal year.

- aa. Enter the department for which the individual works.
  - bb. Check here if individual is a board or commission member and is entitled to the higher reimbursement rates as detailed in Procedure 210.205(3).
  - cc. Code or Chapter Section.
  - dd. Travel Department Authorization (TDA) number.
  - ee. Signature of the employee's supervisor. (Optional)
  - ff. Enter the document number.
  - gg. Enter any TE, TA or other TP connected to the trip and the date paid.
  - hh. Subtract any payments made on the Travel Card.
  - ii. Subtract any other expenses paid by the department.
3. All TPs must be on-lined in I/3 with the supporting documentation attached, pre-audited and approved in I/3.
  4. See Procedure 280.200 for the Electronic Submission of the TP document and receipts.
  5. Reimbursement for travel must be submitted within 30 days of completion of travel to the reimbursing department.
  6. For further instructions see the *DAS-SAE ECM Manual* on the [I/3 website](#).

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Attach supporting documentation to the back of this form

**State of Iowa**  
**TRAVEL PAYMENT**

**TP**

|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| OFFICIAL DOCUMENT # <b>a</b>   |  |  |  |  |  |  |  |  |  | DOCUMENT NUMBER <b>ff</b>   |  |  |  |  |  |  |  |  |  |
| PURPOSE OF TRAVEL <b>b</b><br><input type="checkbox"/> NORMAL JOB DUTIES<br><input type="checkbox"/> CONFERENCE/SEMINAR<br><input type="checkbox"/> OTHER (specify to right) ----->  |  |  |  |  |  |  |  |  |  | if other, specify here  |  |  |  |  |  |  |  |  |  |
| NAME AND HOME ADDRESS <b>c</b><br>First Last<br>Address 1<br>Address 2<br>City, State, Zip   |  |  |  |  |  |  |  |  |  | ALTERNATE ADDRESS (send warrant to)<br>First Last<br>Address 1<br>Address 2<br>City, State, Zip   |  |  |  |  |  |  |  |  |  |
| YEAR <b>d</b>  |  |  |  |  |  |  |  |  |  | ACCOUNTING USE ONLY-REFERENCE ALL OTHER RELATED DOCUMENTS   |  |  |  |  |  |  |  |  |  |
| TIME   |  |  |  |  |  |  |  |  |  | TRAVEL  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> PERSONAL VEHICLE<br><input type="checkbox"/> STATE VEHICLE<br><input type="checkbox"/> BUS/SEMI   |  |  |  |  |  |  |  |  |  | MEALS   |  |  |  |  |  |  |  |  |  |
| FROM (RT = Round Trip) <b>g</b> TO<br>MILES <b>h</b> Rate <b>i</b> CHARGE <b>j</b>   |  |  |  |  |  |  |  |  |  | BREAKFAST <b>k</b> LUNCH <b>l</b> DINNER <b>m</b> ACTUAL TOTAL <b>n</b> REIMB TOTAL <b>o</b>  |  |  |  |  |  |  |  |  |  |
| LEFT <b>e</b> RETURNED <b>f</b>  |  |  |  |  |  |  |  |  |  | ACTUAL TOTAL <b>p</b> REIMB TOTAL <b>q</b>  |  |  |  |  |  |  |  |  |  |
| TRANSPORTATION AND OTHER EXPENSES <b>r</b>   |  |  |  |  |  |  |  |  |  | TOTALS  |  |  |  |  |  |  |  |  |  |
| I TRANSFER EXPENSE: A - AIR, B - BAGGAGE, C - DRUGS<br>F - FINE, I - INTEREST, L - LAUNDRY<br>P - PARKING, R - REGISTRATION, S - SUPPLIES<br>T - TOLLS, U - POSTAGE/SHIPPING, O - OTHER  |  |  |  |  |  |  |  |  |  | if other, specify here  |  |  |  |  |  |  |  |  |  |
| ROUTINE USES OF THIS FORM ARE TO FULFILL IRS REQUIREMENTS, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, PROVIDE THE STATE VEHICLE DISPATCHER INFORMATION, AND TO PREPARE ANNUAL SALARY BOOK   |  |  |  |  |  |  |  |  |  | DOCUMENT TOTAL <b>t</b><br>LESS Travel Advances <b>u</b><br>LESS Travel Card Payments <b>hh</b><br>LESS Dept Paid Expenses <b>ii</b><br>Reimbursement Requested <b>v</b>            |  |  |  |  |  |  |  |  |  |
| CLAIMANT'S CERTIFICATION<br>I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.    |  |  |  |  |  |  |  |  |  | DEPARTMENT CERTIFICATION<br>I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTION: |  |  |  |  |  |  |  |  |  |
| COMMON TRAVELER <b>w</b> YES <input type="checkbox"/> NO <input type="checkbox"/><br>TRAVELER TRAVELER WITH FAMILY <b>x</b> YES <input type="checkbox"/> NO <input type="checkbox"/><br>OFFICER OR POSSESSOR <b>y</b> YES <input type="checkbox"/> NO <input type="checkbox"/><br>TRAVELER TO ILLINOIS <b>z</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |  |  |  |  |  |  |  |  |  | <b>cc</b><br><br><b>dd</b><br><br><b>ee</b>   |  |  |  |  |  |  |  |  |  |
| TITLE <b>aa</b>  |  |  |  |  |  |  |  |  |  | DEPARTMENT TO BE CHARGED  |  |  |  |  |  |  |  |  |  |
| EMPLOYEE NUMBER <b>bb</b>  |  |  |  |  |  |  |  |  |  | CHECK BOARD OR COMMISSION MEMBER  |  |  |  |  |  |  |  |  |  |
| CLAIMANT'S SIGNATURE   |  |  |  |  |  |  |  |  |  | DATE  |  |  |  |  |  |  |  |  |  |
| TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)   |  |  |  |  |  |  |  |  |  | VENDOR CUSTOMER NUMBER  |  |  |  |  |  |  |  |  |  |
| DOC NUMBER   |  |  |  |  |  |  |  |  |  | DOC DATE  |  |  |  |  |  |  |  |  |  |
| ACCTS PRO  |  |  |  |  |  |  |  |  |  | SUB FY  |  |  |  |  |  |  |  |  |  |
| USER OVERRIDE Y/N  |  |  |  |  |  |  |  |  |  | DOC TOTAL   |  |  |  |  |  |  |  |  |  |
| LINE   |  |  |  |  |  |  |  |  |  | AMOUNT  |  |  |  |  |  |  |  |  |  |
| FUND   |  |  |  |  |  |  |  |  |  | DEPT  |  |  |  |  |  |  |  |  |  |
| UNIT   |  |  |  |  |  |  |  |  |  | SUB UNIT  |  |  |  |  |  |  |  |  |  |
| OBJT   |  |  |  |  |  |  |  |  |  | SUB OBJT  |  |  |  |  |  |  |  |  |  |
| EMPLOYEE VENDOR CUSTOMER NUMBER  |  |  |  |  |  |  |  |  |  | AMOUNT  |  |  |  |  |  |  |  |  |  |
| 01   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 02   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 03   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 04   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 05   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 06   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| DOCUMENT TOTAL   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| WARRANT #  |  |  |  |  |  |  |  |  |  | AUDITED BY  |  |  |  |  |  |  |  |  |  |
| TP   |  |  |  |  |  |  |  |  |  | PAID DATE   |  |  |  |  |  |  |  |  |  |