

Department of Administrative Services - State Accounting Enterprise

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PRE-AUDIT	280.203	1 of 3	July 1, 2011
Subject ACCOUNTING TRANSACTIONS TEMPORARY OUT-OF-STATE TRAVEL ADVANCE (TA TEMP)			

1. The Temporary Out-of-State Travel Advance (TA (TEMP)) form is used by employees to request an out-of-state travel advance. It MUST be used in the following situations:
 - a. When requesting reimbursement for airfare or other modes of transportation such as bus fare prior to the trip taking place. See Procedure 210.325 for an explanation of when this is possible.
 - b. When reimbursement of registration fee is requested, regardless if requested prior to the trip or after the trip. See Procedures 210.115, 210.320 and 230.550.
 - c. When requesting 80% of anticipated out-of-pocket expenses. See Procedure 210.310.
2. Travel advances for the 80% anticipated out-of-pocket costs are processed no sooner than seven (7) working days before the trip. More than one TA (TEMP) may be submitted for the same trip. However, the most current TA (TEMP) submitted must reference all other TA (TEMP) forms submitted.

EXAMPLE: An employee's flight is booked two months before the trip to receive the best possible price. This cost may be reimbursed to the employee prior to 7 working days before the trip occurs. However, the claim number and paid date of the claim submitted for reimbursement of air fare must be indicated on the TA (TEMP) submitted 7 working days before the trip occurs. See 3(u) below.

3. Below are instructions for completing the TA (TEMP). The letters correlate with the example form on page 3 of this procedure.
 - a. Official domicile of employee requesting travel advance.
 - b. Check box of description that best describes the purpose of this travel.
 - c. Enter document number.
 - d. Name and address of employee the request is for.
 - e. Alternate address of employee if payment is to be sent elsewhere as indicated in Claimant's Certification.
 - f. Enter date travel will begin.
 - g. Enter date travel will end.
 - h. Enter travel destination(s). If more than one business stop will be made during the trip, indicate all stops.
 - i. Enter mode of transportation. (e.g. airplane, personal car, etc.)
 - j. Enter total cost of transportation from the attached itinerary.

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- k. Enter the registration fee.
- l. Enter total cost of (j) - (k).
- m. Multiply total cost in (l) by 100% and enter total here.
- n. Enter total cost of transportation not shown in (j).
- o. Enter estimated cost of meals.
- p. Enter estimated cost of lodging, including all applicable taxes.
- q. Any other estimated expenses which will be incurred on the trip, such as parking, taxi, etc.
- r. Enter total cost of (n) - (q).
- s. Multiply total cost in (r) by 80% and enter the total.
- t. Enter the total of (m) and (s). This is the total amount of the advance.
- u. Enter the paid TA number and paid dates of any other TAs associated with the same trip.
- v. Claimant's Certification - To be filled out by the employee requesting the advance. It **MUST** be signed by the employee in ink.

NOTE: (w) through (y) should be completed by Department Personnel.

- w. Leave blank. Statute authorizing the expenditure will be referenced through account coding in the accounting system. See Procedure 203.450.
 - x. Enter the Travel Department Authorization number.
 - y. Supervisor's signature.
- 4. The approved TDA document number must be referenced on the TA (TEMP).
 - 5. Submit to DAS-SAE with a "SPECIALS COVER SHEET" attached for process handling.
 - 6. For more information on out-of-state travel advances, see Procedure 210.310.

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Temporary Out-of-State Travel (TA TEMP)) Advance Example

FY _____		<h1 style="margin: 0;">State of Iowa</h1>				TA (TEMP)	
OFFICIAL DOMICILE (a)		TEMPORARY OUT-OF-STATE TRAVEL ADVANCE				DOCUMENT NUMBER	
PURPOSE OF TRAVEL <input type="checkbox"/> NORMAL JOB DUTIES <input type="checkbox"/> MEETING <input type="checkbox"/> TRAINING		<input type="checkbox"/> CONFERENCE/SEMINAR <input type="checkbox"/> STAFF DEVELOPMENT <input type="checkbox"/> REQUIRED BY FEDERAL GOVERNMENT		<input type="checkbox"/> OTHER (SPECIFY)		(c)	
NAME AND HOME ADDRESS (d)				ALTERNATE ADDRESS (e)			
S FORM SHALL BE USED FOR ALL PAYMENTS MADE FOR TRAVEL BEFORE THE TRIP HAS OCCURRED							
* Out of pocket expenses must exceed \$ 200.00.							
* This application must reference the approved Travel Department Authorization (TDA) number.							
* Should this trip be canceled, I understand that the total amount advanced is immediately due and payable to							
* DAS-SAE reserves the right to refuse advances when funds are currently owed the State or when there have							
TRAVEL START DATE (f)		TRAVEL END DATE (g)		DESTINATIONS (h)		MODE OF TRANSPORTATION (i)	
TRANSPORTATION (itinerary attached) (j) REGISTRATION (attach invoice or registration form) (k) SUB TOTAL (l) x 100% = (m) TRANSPORTATION NOT SHOWN ABOVE (n) FOOD (o) LODGING (p) OTHER (q) -TOTAL (r) x 80% = (s) TOTAL ADVANCE REQUESTED \Rightarrow (t)				ACCOUNTING USE ONLY			
				OTHER CLAIMS RELATED TO THIS TRIP			
PAID DATE		TA NUMBER		AMOUNT			
(u)							
CLAIMANT'S CERTIFICATION I CERTIFY I HAVE READ THE ABOVE AND AM AWARE OF THE RULES GOVERNING THIS OUT-OF-STATE TRAVEL ADVANCE AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT AND NO PART OF THE CLAIM HAS BEEN PAID. I HEREBY GIVE THE DEPARTMENT OF ADMINISTRATIVE SERVICES AUTHORITY (THROUGH PAYROLL DEDUCTION) TO RECOVER ANY FUNDS WHICH I MAY OWE THE STATE AND HAVE NOT REPAID WITHIN 30 DAYS OF THE TRIP'S				DEPARTMENT CERTIFICATION 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(S) (w)			
COMMUTING MILES EXCEPT? <input type="checkbox"/> Y <input type="checkbox"/> N		TRAVEL INCLUDES VICINITY MILES <input type="checkbox"/> Y <input type="checkbox"/> N		DIRECT DEPOSIT? <input type="checkbox"/> Y <input type="checkbox"/> N		WARRANT TO ALT ADDR? <input type="checkbox"/> Y <input type="checkbox"/> N	
Employee Vendor#		CHECK IF BOARD OR COMMISSION MEMBER <input type="checkbox"/>		TRAVEL DEPARTMENT AUTHORIZATION (TDA) NUMBER (x)			
TITLE CLAIMANT'S SIGNATURE (v)				TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE) (y)			
DATE							
DOCUMENT TOTAL							
TA (TEMP)		WARRANT #		PAID DATE:			