

**STATE OF VERMONT
DEPARTMENT OF PUBLIC SAFETY
ADMINISTRATIVE SERVICES**

SECTION: EXPENSE REIMBURSEMENT

PAGE: 1 of 8

PROCEDURE: Travel & Employee Expense
Reimbursement

PROCEDURE #: ER-001

ISSUE DATE: 09/10/2013

REVISION DATE:

PURPOSE:

To document the process of approval and payment of employee expenses and travel.

DEFINITIONS:

Approver: Those with authority to approve expenses in the VISION Expense Module. The level one approver is the supervisor assigned in VISION. The VISION system only allows one level one approver for each employee. The level two approver is the supervisor to the first level approver. Level one approvers are sent an email notification when an employee submits an expense report. If the level one approver does not approve or send back an expense report within *seven days* the expense report is rerouted to the level two approver. If no action is taken by the approvers the expense report continues up the approval hierarchy every seven days.

Business Office: the Department of Public Safety Administrative Services Business Office. All Expense and travel related communication should be sent to dps.expenses@state.vt.us.

CBA: or collective bargaining agreement for the purposes of this department procedure is uniformly referring to (1) agreements between the State of Vermont and the Vermont Troopers' Association, Inc (VTA) or (2) agreements between the State of Vermont and the Vermont State Employees' Association, Inc. (VSEA) (3) Extension of Certain Contract Benefits to Classified Service Managerial and Confidential Employees document¹

Employee: For the purposes of this procedure, the term 'employee' refers to a DPS employee who submits request(s) for travel authorizations and/or expense reports.

Expense Coordinator: Business Office employee that reviews and submits final approval for travel authorizations, payment of expense reports and cash advances after all required backup documentation is received and verifying all submitted information complies with policy.

Expense Delegate: Employee authorized to enter (but not submit) travel authorizations, cash advances and expense reports in the VISION Expenses module on behalf of another employee. Delegates are appointed by Division Directors.

¹ The FY13 & FY 14 Extension of Benefits document can be found at http://humanresources.vermont.gov/sites/dhr/files/Documents/CBA/DHR-Extension_of_Benefits_FY13_14.pdf

Type of Payment: Travel costs may be paid through: (1) state purchasing cards, (2) direct payment to vendors, (3) payments by a third-party, (4) reimbursements to employees and (5) cash advance to employees with after the fact reporting and reimbursement to the department.

Type of Travel: The department will pay for travel costs incurred in accordance with the Agency of Administration Bulletin 3.4. Types of travel include: in-state, out-of-state, and out-of-the-country.

VISION: Vermont Integrated Solution for Information and Organizational Needs (VISION). The State of Vermont's Accounting System.

PROCEDURE:

The Agency of Administration has released tutorials (UPKs) on their webpage:
<http://aoa.vermont.gov/erp/training/material>. Please review these tutorials before working in VISION.

1. **VISION Access:** All employees that expect to incur expenses requiring reimbursement must have access to VISION. Approvers will send a completed VISION Expense Module Access Request form (**Attachment A**) to dps.expenses@state.vt.us before any expenses are incurred. Employees are NOT permitted to login to VISION using another employee's user ID.
2. **Contact Information:** Employees shall enter their state email address in VISION. This is established by going to the "My System Profile." It is highly recommended that employees set up "Forgotten Password Help" at the same time.
3. **Non-travel Business Expense:** Reimbursement for non-travel work-related expenses arising from emergency or other unusual circumstances will be made at the discretion of the appointing authority only after application for reimbursement is made in writing. Such application will include the nature and amount of the expense, the date on which it occurred and full written justification for the reimbursement².
4. **Cost Analysis:** Prudent effort shall be made to ensure the most economical use of state resources by considering cost and time with a reasonable level of security and convenience for the employee.
5. **Vermont Sales Tax Exemption:** For in-state expenses, inform the merchant that the purchase is exempt from State of Vermont sales taxes. Be prepared to provide a sales tax exemption certificate to the vendor (contact the Business Office for the current form). Before signing any receipt, review the receipt given by the merchant and if state sales taxes are charged, request a credit from the merchant for the amount of the tax charged. If the merchant refuses, the employee must provide a written notation on the receipt of the merchant's refusal to grant tax-exempt status.
6. **Source Documentation:** Always obtain itemized charge slips/invoices/sales receipts, and packing slips if applicable for all purchases.
7. **Entertainment Expenses:** are not permitted.
8. **Payment Priority:** Use the order below when determining the payment method.

² See Relevant CBA.

- A. Direct Vendor Payment: Preferred method of payment is for employees to: complete a purchase order for approval; once approved make the purchase referencing the purchase order number; and have vendors directly bill the Department. State-wide contracts have been negotiated by Buildings and General Services (BGS), all departments are required to use these contracts when available³.
 - B. Purchasing Card: may be utilized for allowable expenses per the purchasing card agreement. If there is a state-wide contract for a vendor, employees shall request vendors to charge contract prices (example: purchases from Staples should apply state-wide contract prices).
 - C. Reimbursement to Employee: employees shall submit reimbursement requests in VISION for work related expenses. Please note the department cannot pay an employee as a vendor.
9. Missing Receipts: Employees are expected to fully document all expenditures. If a receipt is lost, misplaced or damaged beyond legibility, the employee is responsible for contacting the vendor and requesting a copy of the receipt. If unable to obtain a replacement receipt, the employee must complete and submit a Missing Receipt Declaration form with their expense report; excessive use of this form may result in the employee's department revoking the privilege of using this form and denial of reimbursement for un-documented claims. The form has been included in **Attachment C** to this document.
10. Cash Advance: Following a cash advance, employees must submit their expense report within 20 days after returning from travel. The expense report in VISION needs to: 1) be created from a travel authorization and, 2) apply the cash advance. If the cash advance exceeds the amount spent, apply the amount spent to the expense report and send a check to the Business Office for the difference.

If an employee fails to submit their expense report on time, the department will use the below process to collect cash advance from employees.

- A. If the Expense Coordinator does not receive the expense report by the 20 day deadline, they will send a notification to supervisor and employee that the submission is delinquent and the cash advance amount is due to DPS.
 - B. If the Expense Coordinator does not receive the expense report after 40 days from the deadline, the situation will be reported to the Director and Commissioner for consideration of all available collection avenues including disciplinary action.
11. 3rd Party Payments: As a general rule, when a third-party agrees to pay costs for a DPS employee the reimbursement shall be paid directly to the state not to the employee. Excepting, those circumstances as defined in Bulletin 3.4.Sec.18 where a third-party may pay an employee for expense reimbursement. Under those circumstances the employee must send a copy of the third-party's reimbursement request form as well as the backup documentation for costs to dps.expenses@state.vt.us. Confidential information such as social security number and bank account may be excluded from the copy sent to the Business Office.

Supervisors will work with the Business Office regarding agreements⁴ for third-parties to reimburse department costs. Supervisors will ensure the "Authorization of Employee Expenses to be Paid by a Third-Party Organization" (**Attachment B**) is completed when required under Bulletin 3.4 and sent to the Expense Coordinator. The Business Office will set up tracking codes to capture all costs related to

³ State purchases are generally made through a state-wide commodity contract <http://bgs.vermont.gov/purchasing/currentcontracts>.

⁴ Agreements include EMAC contracts, Law Enforcement Special Contracts, etc.

this travel. Employees and supervisors will submit documentation for travel utilizing the tracking code. The Business Office will bill the third-party for all costs to be reimbursed to the department.

- 12. Travel Authorization:** DPS Employees shall obtain authorization for the various types of travel through the process illustrated in Exhibit A below. Authorization shall be obtained **before** the employee travels. The paper travel authorization form must be properly completed and fully authorized before the employee enters online authorization in VISION. Authorization is required whether the payment is through a purchasing card, direct payment to the vendor, reimbursement to the employee, or if costs are paid by a third-party.

Exhibit A:

Destination	Overnight Stay	Cash Advance	Traveler	Authorized by	Approval Method
In-State / Out-of-State	NO	NO	Any Employee except Commissioner	▪Supervisor	Informal
In-State	YES	NO	Any Employee except Commissioner	▪Supervisor ▪Division Director ▪Commissioner	Paper
In-State	YES	YES	Any Employee except Commissioner	▪Supervisor ▪Division Director ▪Commissioner	Online & Paper
Out-of-State	YES	NO	Any Employee except Commissioner	▪Supervisor ▪Division Director ▪Commissioner	Paper
Out-of-State	YES	YES	Any Employee except Commissioner	▪Supervisor ▪Division Director ▪Commissioner	Online & Paper
Out-of-Country	YES	YES or NO	Any Employee except Commissioner	▪Supervisor ▪Division Director ▪Commissioner ▪ Secretary of Administration	Online & Paper
Out-of-State/ Out-of-Country	YES	YES or NO	Commissioner	▪ Secretary of Administration	Online
<p>Approval Method Informal = Verbal, e-mail, etc. Paper = Department Travel Authorization Form (paper-based) Online = On-line Travel Authorization process within the VISION Expense module</p>					

13. Required Steps for Payment of Expenses

- A. Direct Vendor Payment: In order for the Business Office to pay vendor direct payments they will need the following:
 - proper approval
 - original supporting documentation
 - original vendor invoice

- B. Purchasing Card: In order for the Business Office to pay the purchasing card bill they will need the following:
 - proper approval
 - original supporting documentation
 - the original itemized bill for goods sold or services provided, containing individual prices, the total charge, and the terms
 - a completed purchasing card approval envelope

- C. Reimbursement to Employee: Employees will request reimbursement of out-of-pocket expenses in the VISION system.

Final approval for payment from the VISION expense module will require the following:

- proper approval
- employees and approvers meet the month end deadlines in section 14. of this procedure
- employee submits original documentation to approver for review
- approver submits scanned copies to dps.expenses@state.vt.us for review
- approver retains original documentation for audit
- employee, approver and expense coordinator complete steps 1. through 4. below

1. Check Accounting Detail: Employees must check the account coding in VISION prior to submitting the reimbursement request. The funding source needs to be accurate for the expense request. The fields available are shown in Exhibit B below.

Exhibit B

Amount	*GL Unit	Monetary Amount	Currency Code	Exchange Rate	Account	Fund	Dept	Program	Class	Project	Affiliate
*****	02140		USD	1.00000000	540000	NNNNN	21400NNNNN				

*All employees' default account funding will populate in the Expense Report. Do not change the Amount, *GL Unit, Account, or Affiliate as shown above.*

You may adjust the Fund, Dept (Department ID), Program, Class or Project numbers if necessary. If you are not sure about funding, please contact the Business Office.

2. Employees with multiple positions in the Department of Public Safety
 - The employee must complete the paper Expense Claim Form (**Attachment D**) and follow the steps below:
 - The state has assigned one division to be your default. You may change the accounting information in VISION to reflect another division within the department in the expense report accounting detail

- Complete the paper Expense Claim Form (**Attachment D**) to be approved by the supervisor for the position in which you incurred cost. Give this completed form to your VISION approver. After verifying authorization is given, they will approve payment in VISION.
 - When you create a Travel Authorization and/or Expense Report in VISION enter your position number in the “reference” field as shown in Exhibit C Below.
3. Employees with multiple positions in the state and one of those positions is not in the Department of Public Safety
- The employee must complete the paper Expense Claim Form (**Attachment D**) and follow the steps below:
 - The state has assigned one agency/department to be your default. You may not change the accounting information in VISION to reflect another GL Unit (Agency/Department).
 - The default agency/department will pay the cost and bill the other agency/department for reimbursement.
 - Complete the paper Expense Claim Form (**Attachment D**) to be approved by the supervisor for the position in which you incurred cost. Give this completed form to your VISION approver. After verifying authorization is given, they will approve payment in VISION.
 - When you create a Travel Authorization and/or Expense Report in VISION enter your position number in the “reference” field as shown in Exhibit C Below.

Exhibit C

Create Expense Report

Expense Report Entry

User Defaults Report ID: NEXT

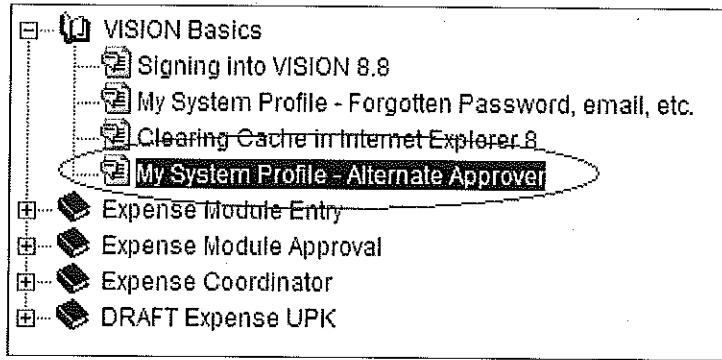
Start Your Report With:

▼ Enter Report Information	
*Report Description: <input style="width: 95%;" type="text"/>	Reference: <input style="width: 95%; text-align: center; border: 1px solid black;" type="text" value="330000"/>
*Business Purpose: <input style="width: 95%;" type="text"/>	Comment: <input style="width: 95%; height: 20px;" type="text"/>
Default Location: <input style="width: 95%;" type="text"/>	

4. Approvers shall:

IMPORTANT! If an approver will not be available to approve their employee’s expense report, they are responsible for ensuring a backup process for approval is in place. View the User Productivity Kit (UPK) “My System Profile – Alternate Approver” to understand the backup process. Approvers have to be set up with the proper access in the system to approve time for specific employees. Please be aware that a approver’s backup approval plan must be developed and set up and understood by all concerned in advance to ensure that all proper accesses are in place.

UPK “My System Profile – Alternate Approver”



- Review the expense report and verify that all information in VISION is correct and complies with policy.
- If the information is not correct, notify the employee of the correction required in the comment section and send the expense report back for revision using the “Send Back for Revision” button. Approvers shall not make any revisions to the expense report.
- Before approving the report, verify that there is a valid budget check (see below). If a valid budget check is not shown, click on Budget Options and Budget Check. If a valid budget check does not process, contact the Expense Coordinator at dps.expenses@state.vt.us

Approval Detail		Find View All	First	2 of 3	Last
Name:	Morse, Hannah Beth				
Comment:	<input type="text"/>				
Budget Status:	Valid	Budget Checking completed. Report is ready for Approval/Posting.			
Budget Options					
Approve Report	Hold	Send Back for Revision	Save	Expense Report Detail	
View Worklist	Previous in Worklist	Next in Worklist	Notify		

- Partial Approvals – If an expense report is re-routed from the level one approver (A), after 7 days, to the level two approver (B), approver (B) must approve. If you see an expense report in a “partial” status, this means that approver (A) has approved, but approver (B) has not. Approver (B) **must** approve (or send back) the expense report once it’s been routed to him/her.
5. The Expense Coordinator will review VISION submissions for errors. If an error is found or the proper documentation is not received, the report will be sent back to the employee to be corrected.

14. Month End Deadlines The Business Office is required to perform month end VISION close-out procedures for the Expense Module. Expenses that have not been entered by the deadline at the end of the month must wait until the first business day of the next month to enter in VISION.

- A. Employees must have all expense VISION entries submitted **5 working days prior to the end of the month**. All backup must be sent to approvers with the submission. If there is an expense report that has been "saved for later" but not submitted, the employee must submit or delete the entry by this date.
- B. Approvers must approve all valid expense reimbursements and forward backup documentation to the Expense Coordinator by the **end of the last working day** in the month. If there is a pending invalid entry waiting for approval, the supervisor must send back the entry for revision by this date, with a note to the employee to delete it.
- C. Pending Entries that have not been approved and backup documentation received by the expense coordinator will be deleted on the first working day of the month following the entry. These will need to be re-entered by the employee.

RECORD RETENTION: Departments are required to retain expense report documentation for 3 years after the tax filing due date (April 15) for the calendar year in which the reimbursement is paid.

Example: a reimbursement is made January 1st 20X1. The tax filing year ended April 15 20X2. Documents may be destroyed April 15 20X5.

Support for grant funded activity will be retained by the supervisor for three years after final grant payments and all other pending matters are closed. See the DPS Grant Management Unit Director if you have any questions.

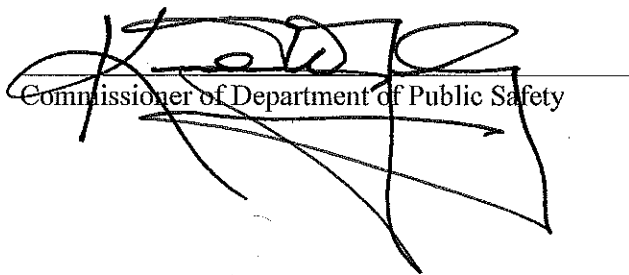
Documents that are related to a pending audit or litigation are to be retained until the end of audit or litigation plus 3 years.

RELATED REGULATION:

- State of Vermont, Agency of Administration Bulletin 3.4, 3.5, 5.0 and 5.5
- Department of Human Resources Personnel Policy and Procedures
- Collective Bargaining Agreements (CBA)

POLICY EXCEPTIONS:

The Commissioner of Public Safety can approve exceptions to this procedure on a case-by-case basis.


 Commissioner of Department of Public Safety

9/10/13
 Date

Attachment A



**Department of Finance & Management
VISION Expense Module Access Request**

E-Mail: FIN.VisionSecurity@state.vt.us
Phone: (802) 828-6700

This form must be completed by an Expense Coordinator to request access for Employees and Supervisors/Approvers. Agency/Department heads must approve this form to request access for Expense Coordinators. A separate form must be completed for each GL Business Unit. Please complete multiple pages if additional lines are required.

Select one of the following actions:

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change (explain):		Effective Date:
Employee Name and Title:		
Employee #:	E-Mail Address:	Phone #:
Agency / Department:		GL Business Unit:

Level(s) of Access Requested:

Employee:

Supervisor/Approver Information:			
Name:	Employee #	VISION UserID:	
Default accounting information:			
Fund (required):	Program (optional):	Project (optional):	Class (optional):

Supervisor/Approver - list employees supervising/approving expenses for:

Name:	Employee #:	VISION UserID:
Name:	Employee #:	VISION UserID:
Name:	Employee #:	VISION UserID:
Name:	Employee #:	VISION UserID:
Name:	Employee #:	VISION UserID:
Name:	Employee #:	VISION UserID:
Name:	Employee #:	VISION UserID:

Expense Coordinator- list DEPTID's approving for: (Expense Signature Authority form REQUIRED)

Requested by (please type name & title):	Phone #:
Approved by (please type name & title):	Phone #:
Approved by signature*	Date:

*Signature of agency/department head or Expense Coordinator required.

For Department of Finance & Management Use Only – USERID: _____
<input type="checkbox"/> Expense Signature Authority form on file? (Expense Coordinators only)



AUTHORIZATION OF EMPLOYEE EXPENSES TO BE PAID BY A THIRD-PARTY ORGANIZATION

Purpose: As provided in the Agency of Administration's Bulletin 3.4: Employee Travel & Expense Policy, the participating employee and their supervisor (or responsible manager) must complete this form whenever a third-party organization* (see criteria below) has offered to pay or reimburse expenses for a State of Vermont employee to attend a conference, meeting, training, etc.. The completed form must be provided as supporting documentation with the employee's Travel Authorization and Expense Report; if a Travel Authorization is not required or an Expense Report is not submitted, the form must still be completed and forwarded to the department's expense coordinator for retention.

* **Third-Party Organization:** Refers to any public or private, for profit or non-profit organization or individual; this form is not required when the third-party organization is a State or Federal government entity.

EMPLOYEE NAME		EMPLOYEE ID	
DEPARTMENT		DEPARTURE DATE	
POSITION TITLE		RETURN DATE	
DESTINATION (City, State/Country)			
PURPOSE of TRAVEL			

THIRD-PARTY ORGANIZATION	
CONTACT PERSON	
CONTACT INFORMATION (phone/email)	

To the best of your knowledge, does the third-party organization have a current contract or grant with the State of Vermont? YES NO

Explanation of *why* the third-party organization has offered to pay/reimburse expenses:

How will the third-party pay for expenses? Direct Vendor Payments Reimburse State of Vermont
 ➤ Employees are not authorized to accept direct payments or reimbursements from a third-party organization.

Provide a cost estimate of which expenses will be paid by the third-party:

Airfare		Registration Fee	
Other Transportation		Meals	
Lodging		Other Expenses	

EMPLOYEE CERTIFICATION: I certify that acceptance of third-party participation will not create any conflict of interest with the best interests of the State of Vermont, nor will it impair my ability (or of any other State employee) to responsibly perform my duties:

 Employee Signature & Date

SUPERVISOR/MANAGER APPROVAL: I have reviewed the information on this form and concur that payment of expenses by the third-party organization does not create a conflict of interest.

 Supervisor/Manager Printed Name

 Supervisor/Manager Signature & Date

FM_EXP_3rdPartyPaymentsForm_001



MISSING RECEIPT DECLARATION

Employee Travel & Expense Reimbursement

Purpose: If all measures to obtain a required missing receipt have been exhausted, this **Missing Receipt Declaration** form must be completed by the employee who incurred the expense and is seeking reimbursement from the State of Vermont. This form is to be used only for an allowable, reimbursable expense (in accordance with Agency of Administration *Bulletin 3.4: Employee Travel & Expense Policy*) that was paid for with the employee's personal funds; it is not to be used for State purchasing card (P-Card) transactions. The form must be signed by the employee and the employee's supervisor, and submitted to the department's expense coordinator.

EMPLOYEE NAME		EMPLOYEE ID	
EXPENSE REPORT #			

I am missing a receipt for (description of expense/purchase):

--

I incurred this expense at:

VENDOR NAME			
ON THIS DATE(S)		FOR THIS AMOUNT	

The receipt was (check one):

Lost
 Never Received
 Damaged Beyond Use
 Other

o If "Other" provide explanation: _____

The form of payment I used was (check one):

Cash
 Personal Check
 Personal Credit / Debit Card
 Other

o If "Other" provide explanation: _____

Employee Certification: I acknowledge that a **Missing Receipt Declaration** may not be used on a routine basis and that excessive use may result in revoking the privilege of providing a **Declaration** in lieu of a receipt. I certify that the information provided above is accurate, that I have not and will not submit a duplicate claim, and that I have not and will not seek reimbursement for this expense from any other source. I understand that intentional misrepresentation of any information on this form may result in disciplinary action, including possible termination of employment.

Employee Signature & Date

Supervisor Printed Name

Supervisor Signature & Date

FM_EXP_MissingReceiptForm_001

State of Vermont Personal Expense Claim

(for use by employees with multiple state positions)

Name		Authorizing Agency / Department				Agency / Department to reimburse employee					
Employee ID		Authorizing Agency / Department Employee's Position				Reimbursing Agency / Department Employee's Position					
Date	Explanation or reason for payment	Travel		Meals				Lodging	Other	Total	
		Miles	Amount	Breakfast	Lunch	Dinner					
										\$ -	
										\$ -	
										\$ -	
										\$ -	
										\$ -	
										\$ -	
										\$ -	
										\$ -	
										\$ -	
Totals		-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

A B C D E F

I certify under the pains and penalties of perjury, that the foregoing is a correct statement of the time actually spent, mileage actually and constructively

Employee's Signature _____ Date _____ Authorizing Agency / Department Supervisor's Signature _____ Date _____

For Billing Purposes, Enter the Funding Source this travel should eventually be charged:

BU	Department ID	FUND	Project Number	Program Number

VERMONT DEPARTMENT OF PUBLIC SAFETY



Travel Authorization Form

SECTION A: GENERAL INFORMATION

1. Employee Name:		6. Employee ID:	
2. Position Title:		7. Employee Phone #:	
3. Division (and unit):		8. Departure Date:	
4. Employee e-mail:		9. Return Date:	
5. Destination (enter City, State/Country):	10. Business Purpose <i>select one</i>		
11. Will a cash advance be requested? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cash Advance Amount:	\$ -

SECTION B: EXPLANATION FOR TRAVEL

1. Justification for Travel (*attach memo/event schedule if necessary*):

2. How is this travel beneficial to the employee and to the department?

3. Identify and explain why other department employees are traveling to the same event.

4. Will overtime be required for travel? If so, why and how much?

5. If a department purchasing card will be used, identify the cardholder.

SECTION C: FUNDING SOURCE

1. Identify how travel will be funded: Third-Party Reimbursement Default Funding Grant Funding Other

2. If funding source is a Grant, *Identify Grant Name*

4. DEPT ID *select one*

6. FUND

3. If funding source is a Third-Party, *Identify and attach reimbursement request*

5. PROGRAM

7. PROJECT

SECTION D: ESTIMATED EXPENSES

Type of Expense	Description of Expense	Payment Method			Amount
		Purchasing Card	Direct Payment to Vendor	Employee Out-of-Pocket	
1. Airfare	enter description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. Mileage (personal vehicle only)		miles		rate	0.565 \$ -
2b. Mileage (department vehicle only)		miles			
3. Rental Vehicle	enter description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Other Transportation	enter description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lodging	enter description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Meals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Registration Fee	enter description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Other Expenses	enter description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Estimated Expenses					\$ -

SECTION E: CERTIFICATION AND AUTHORIZATION

By signing below, I certify the requested travel is appropriate and necessary for conducting official state business and agree to comply with the Agency of Administration's Bulletin 3.4: Employee Travel and Expense Policy and DPS Travel Policy ER-001.	Business Unit Review	
	APPROVED () yes () no	
Employee Signature	Date	Supervisor Signature
APPROVED () yes () no		APPROVED () yes () no
Division Head Signature	Date	Commissioner Signature
		Date

*Upon returning you must prepare a summary report of activities. Send the summary to your direct Supervisor and copy your director and Deputy Commissioner John Wood.