

COUNTY BOARD OF HEALTH POLICY # HR-187 DISTRICTWIDE TRAVEL POLICY

Approval:	ZMO	12.19.22
дриочан.	District Health Director	Date

1.0 PURPOSE

This policy contains process guidelines to be used in determining reimbursement for travel expenses.

- **2.0 AUTHORITY** The Districtwide Travel Policy is published under the authority of the County Board of Health (CBOH) and in compliance with the following:
 - 2.1 State Accounting Office of Georgia, Statewide Accounting Policy and Procedure, Statewide Travel Policy http://sao.georgia.gov/state-travel-policy

3.0 SCOPE

This policy applies to all CBOH employees.

4.0 POLICY

The policy of the CBOH is to ensure that all travelers are reimbursed in a uniform manner for reasonable and necessary expenses incurred in connection with approved travel.

5.0 DEFINITIONS

- 5.1 CBOH County Board of Health
- 5.2 HR Human Resources
- **5.3 DHD** District Health Director
- **Commuter Miles -** Miles traveled on a regular basis (usually daily) from an employee's residence to the location most frequently associated with work (primary workstation)
- **5.5 Lodging** Hotel, motel, inn, apartment, or similar entity that furnishes lodging to the public for pay. Private residences and lodging rentals obtained through vacation rental marketplaces such as Airbnb, HomeAway, and Vrbo are not considered commercial lodging facilities and should not be used.
- **Personal Automobile** A motor vehicle that is owned or leased for personal use by an employee.
- **Per Diem Allowance** The maximum food allowance for which employees can be reimbursed per day. This amount is not a reimbursement of actual expenses incurred.

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6.0 RESPONSIBILITIES

- **6.1** CBOH Accounting department is responsible for issuing and updating procedures to implement this policy.
- 6.2 CBOH managers and supervisors are responsible for monitoring employee compliance with this policy.
- **6.3** CBOH employees are responsible for compliance with this policy.

7.0 PROCEDURES

District 2 will follow the current State Accounting Office of Georgia, Statewide Accounting Policy & Procedure, Statewide Travel Policy, **EXCEPT WITHIN THE FOLLOWING AREAS:**

- 7.1 <u>Car Rental</u> District 2 does not require employees to compare and choose the least expensive option between a rental vehicle or mileage reimbursement for use of their personal vehicle. District 2 does allow for the use of a car rental when it is the most cost effective and it is determined to be the most efficient, at which point the employee will follow the State Accounting Office of Georgia, Accounting Policy & Procedures.
- 7.2 Personal Automobile District 2 applies Tier 1 Rate reimbursement when a county vehicle is available but a personal motor vehicle is used for travel to out-of-county meetings, conferences, etc. District 2 does allow county vehicles to be used for out-of-county meetings, conferences, etc., if available and not prohibited by applicable county government policies. County vehicles must otherwise be used in accordance with District 2 County Vehicles Policies and Procedures, Policy #171.
- 7.3 Lodging District 2 does not require written pre-approval of lodging expenses when the traveler's destination is located less than 50 miles from both their Primary Work Site and Residence AND the destination or lodging site falls outside the borders of District 2. For in-district lodging within the 50-mile radius, written pre-approval must be obtained from the traveler's direct supervisor and the District Health Director.
 - **7.3.1** When making reservations, book directly with the Hotel. No Third-Party bookings (hotels.com, booking.com, trivago.com, Travelocity.com) will be reimbursed.
 - **7.3.2** When traveling overnight and paying with personal funds, employee must give the State of Georgia Certificate of Exemption of Local Hotel/Motel Excise Tax form to the hotel/motel clerk.
 - 7.3.2.1. If the hotel/motel refuse to accept the form, have them write "refuse" on the form and have them sign or initial beside it. Submit form with your Travel Expense Statement.

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- 7.3.3 When traveling overnight and paying with a Board of Health check, employee must give the Sales Tax Certificate of Exemption form to the hotel/motel clerk in addition to the Hotel/Motel Excise Tax form.
 - **7.3.3.1.** If forms are refused, have the clerk write "refuse" on the forms and have them sign or initial beside it. Submit forms with your Travel Expense Statement.
- **7.4** Prior approval for out-of-state travel is not required, while prior approval for international travel is required.
- **7.5** District 2 defines the "normal work schedule" for travel reimbursement purposes as Monday through Friday.
- 7.6 All Travel Expense Statements must be mailed to the District Office to be processed.
- 7.7 Travel expenses submitted more than 45 days after the conclusion of the last travel or event date will not be reimbursed.
- 7.8 The current mileage reimbursement amount is set to the Federal Rate. All counties, except Rabun, automatically adopt the Federal Rate, while the Rabun Board chooses to discuss and vote on any changes each time the rate changes. As the Federal Rate changes, our mileage rate will change, too.

7.9 Procedure for Complementing the Employee Travel Expense Statement

- 7.9.1 The Updated Version of the Employee Travel Expense Statement already is set up to make the proper calculations. The form must be typed up and then printed off to be signed and submitted.
- 7.9.2 Supervisors must review and correct Travel Expense Statements prior to submitting to District Office. Travel forms must bear the supervisor's original signature. Blue ink is suggested for signatures.
- 7.9.3 Fill out the sections of the Employee Travel Expense Statement that apply.
 - 7.9.3.1. County/Program County or Program reimbursing for the travel
 - **7.9.3.2.** Commuter Mileage (front page)- Distance in miles between home and homebase HD/office. No decimal points round up or down accordingly.
 - **7.9.3.3.** First Travel Date/Last Travel Date- Dates should match the dates on following pages.

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- **7.9.3.4.** Home Address- Employee's actual residence. No P.O. Boxes.
- **7.9.3.5.** Business Address Address of employee's homebase work location (Health Department/CWSN/Dental Office/District Office)
- **7.9.3.6. Per Diem Amount-Breakfast, Lunch, Dinner** Enter the dates employee went on the trip and requesting per diem. Enter the city in which employee had meals.
 - **7.9.3.6.1.** Per Diem amounts are stated by the State Accounting Office and found on the D2PH One-Way Travel Distances chart. No receipts are needed.
 - **7.9.3.6.2.** To be eligible during non-overnight travel, employee must be away for more than 12 hours and more than 50 miles away from both home and work location.
- 7.9.3.7. Lodging Enter the breakdown of the nightly charges. A detailed check-out receipt must be submitted with the Travel Expense Statement.
- **7.9.3.8.** Purpose for Lodging/Description Reason for needing lodging/per diem.
- **7.9.3.9. Employee Signature/Supervisor's Signature** Signature required for both employee and supervisor before submitting to District Office.
- **7.9.3.10. Automobile Mileage Record** Each line must contain only one leg of the trip. Enter date, point of origin, and destination. If trip continues from destination point to a new destination, it must be reflected on the next line. No Round Trips.
 - **7.9.3.10.1.** When making home visits enter the address of the person you are visiting. This is for auditing purposes.
 - **7.9.3.10.2.** When traveling to meetings or trainings, enter the name/address of the facility in the destination section.
- **7.9.3.11. Business Mileage** Distance in miles from point of origin to destination.
 - 7.9.3.11.1. Driving directions showing total amount of miles driven from point of origin to destination must be submitted unless the trip is between two health departments or District 2 facilities. In this last instance, the D2PH One-

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Way Travel Distances chart must be used to calculate business mileage.

- 7.9.3.12. Commuter Mileage Enter commuter mileage when the point of origin or destination is the employee's home regardless of the length of time or time of arrival/departure.
 - **7.9.3.12.1.** When making multiple home visits within a single day, and each trip in question begins and ends at home, commuter miles need only be subtracted from the first trip within that single day.
 - **7.9.3.12.2.** Commuter mileage is not deducted when traveling outside of the normal work schedule as defined on 7.5.

Reminder: Your normal commute is never reimbursable as travel, therefore simply working early or late does not qualify for travel reimbursement.

- 7.9.3.13. State Use Mileage This field auto-generates. It will deduct commuter mileage from business mileage. If commuter mileage is greater than business mileage, it will auto-generate a zero (0) for state use mileage.
- **7.9.3.14. Total State Use Miles** This field auto-generates.
- **7.9.3.15. Personal Car Tag No** Enter the vehicle license plate number. If vehicle license plate is registered in a state other than Georgia, include the state.
- 7.9.3.16. Explain the Purpose of the Trip Enter a reason for each trip. If all trips are always for the same reason enter explanation once. For example: bank deposits, covering WIC or Dental clinic.
- 7.9.3.17. Commercial Transportation (paid for by employee) Enter date(s), type of transportation (taxi, bus, train, etc.), origin and destination and the amount paid. Original receipt is required.
- **7.9.3.18. Parking, Tolls, Porterage** Enter date(s), description (for example: parking deck at UGA) and amount paid. Original receipt is required.
- **7.9.3.19. Miscellaneous Expense** Enter any expense that does not fall within the above categories. Original receipt is required.

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- 7.9.3.20. Gasoline for Rental Vehicle (paid by employee) If a rental car is used for certain trip(s) include date, gas station/location and amount paid. Original receipt is required.
- 7.9.3.21. Explain any expenses that are unusual or exceed established limits Enter any information that will explain unusual expenses or to explain when mileage exceeds the expected limit. For example, when employee needs to take a detour due to road construction.
- 7.10 Supportive Documentation such as agendas, e-mail confirmations and certificates if obtained, must be submitted to reimburse travel involving trainings, meetings, or conferences. However, routine, recurring meetings within the district, such as Board of Health or Leadership meetings, do not require an agenda to be attached.
- 7.11 A single Travel Expense Statement may not contain travel for more than one month. For example, a travel form should not list trips from the end of March and the beginning of April.
- **7.12** Miscellaneous expenses unrelated to travel should not be put on your travel form. These should be submitted on the District 2 Reimbursable Expenditure Statement form.
- **7.13** Any questions pertaining to travel should be directed to human resources.

8.0 EXAMPLES

1. Employee leaves from Health Department for a DOT visit 5 miles away, then proceeds to return to the Health Department. Commuter mileage is 7 miles.

ORIGIN	DESTINATION	BUSINESS MILEAGE	COMMUTER/ PERSONAL MILEAGE	STATE USE MILEAGE
Health Department	DOT Address	5	0	5
Dot Address	Health Department	5	0	5

2. Employee leaves from home and travels to Atlanta for a meeting, returning to Health Department after the meeting. Distance to the meeting from Home is 50 miles. Distance from Meeting to Health Department is 65 miles. Commuter mileage is 30 miles.

ORIGIN	DESTINATION	BUSINESS MILEAGE	COMMUTER/ PERSONAL MILEAGE	STATE USE MILEAGE
HOME	Atlanta Meeting Address	50	30	20
Atlanta Meeting Address	Health Department	65	0	65

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3. Employee travels 100 miles on Sunday from home to a conference in Macon, returning Home on Wednesday at 6 pm. Distance between home and conference is 100 miles. Commuter mileage is 12 miles.

ORIGIN	DESTINATION	BUSINESS MILEAGE	COMMUTER/ PERSONAL MILEAGE	STATE USE MILEAGE
HOME	Macon Conference Address	100	0	100
Macon Conference Address	HOME	100	12	88

4. Employee leaves from home to do a home visit 13 miles away and returns home afterward. Later that same day, employee leaves from home to another home visit 20 miles away and returns home afterward. Commuter mileage is 5 miles.

ORIGIN	DESTINATION	BUSINESS MILEAGE	COMMUTER/ PERSONAL MILEAGE	STATE USE MILEAGE
HOME	1st Home Visit - Address	13	5	8
1 st Home Visit - Address	HOME	13	5	8
HOME	2 nd Home Visit - Address	20	0	20
2 nd Home Visit - Address	HOME	20	0	20

9.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	January 1, 2012	Initial Issue
1	January 2, 2018	Annual Review and Update
2	January 14, 2019	Annual Review and Update
3	June 5, 2020	Annual Review and Update
4	December 8, 2022	Revised

10.0 RELATED FORMS

D2PH Employee Travel Expense Statement D2PH One-Way Travel Mileage

District 2 Public Health - Employee Travel Expense Statement (Please type)

County/Program		Enter daily	personal con	illy personal commute miles from residence to work fone-ways.	nce to work fone-wayl-		1st Travel Date La	Last Travel Date
					1000			
Last Name		First Name MI	MI Home Address	ss (Street)	(City)	(County)	(State)	(diZ)
Title		Business Telephone #	Bus. Address	9	(City)	(County)	(State)	(Zip)
Used When Traveling Overnight	ernight	Breakfast		Lunch		يَّتَ	Dinner	Total
Mo. Day Depart Time	Return Time	City	Amount	City	Amount	Clfy	Amount	Meals
								0.00
								0.00
								0.00
								0.00
								0.00

Lodging:					
From	To	Location	Daily Rate # Days	# Days	Total
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

From	To	Location	Daily Rate # Days	# Days	Total
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment of not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state use mileage in the discharge of my official duties for the state." Employee Signati

ciripioyee Signature Supervisor's Signature	Date
Updated 12/19/2022	

Description:	Description:	Description:	

0.00

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ransportation/Gas/Parking Expenses, detailed on back	letailed on bac	×	\$0.00
Miscellaneous Expenses (detailed on back)	ick)		\$0.00
State Use Mileage 0	@ 0.625 per mile	er mile	\$0.00
ess Travel Advance			

AUTOMOBILE MILEAGE RECORD DATE
MONTH DAY ORIGIN DESTINATION BUSINESS MILEAGE PERSONAL MILEAGE O O O O O O O O O O O O O
ATTACH CONTINUATION SHEET IF NEEDED PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Mileage Rate \$ 0.625 So.00 Mileage Rate \$ 0.625 So.00
PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O
PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O
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PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O
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PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O
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ATTACH CONTINUATION SHEET IF NEEDED PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: Document
ATTACH CONTINUATION SHEET IF NEEDED PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: Mileage Rate \$ 0.625 \$ \$0.00
PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O
PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: Document
PERSONAL CAR Tag No. ATTACH CONTINUATION SHEET IF NEEDED Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O Total State Use Miles: Mileage Rate \$ 0.625 \$0.00
ATTACH CONTINUATION SHEET IF NEEDED PERSONAL CAR Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: O Total State Use Miles: Mileage Rate \$ 0.625 \$0.00
PERSONAL CAR Indicate use of motor pool vehicle or shared transportation: Tag No. Motor Pool Vehicle was used for travel Person(s) traveled with: Total State Use Miles: Mileage Rate \$ 0.625 \$0.00
PERSONAL CAR Indicate use of motor pool vehicle or shared transportation: Motor Pool Vehicle was used for travel Person(s) traveled with: Mileage Rate \$ 0.625 \$0.00
Tag No. Motor Pool Vehicle was used for travel Person(s) traveled with:
Person(s) traveled with:
Commercial Transportation (paid for by employee):
Pagin Data Full Data Time of Transaction
Destination Origin Destination Amount
Parking, Tolls, Porterage: Gasoline for Rental Vehicle (paid by employee):
Date Description Amount Date Description Amount
\$0.00
\$0.00

Miscellaneous Expenses: Accounting Use Only:
Miscellaneous Expenses: Date Description Amount Approved By: Accounting Use Only: Approved By: Accounting Staff
Miscellaneous Expenses: Date Description Amount Approved By:
Miscellaneous Expenses: Date Description Amount Approved By: Accounting Use Only: Approved By: Accounting Staff
Miscellaneous Expenses: Date Description Amount
Miscellaneous Expenses: Date Description Amount Approved By: Accounting Use Only: Approved By: Accounting Staff
Miscellaneous Expenses: Date Description Amount Approved By: Accounting Staff Signature: Date \$0.00
Miscellaneous Expenses: Date Description Amount
Miscellaneous Expenses: Date Description Amount Approved By: Accounting Staff Signature: Date \$0.00
Miscellaneous Expenses: Date Description Amount Approved By: Accounting Staff Signature: Date \$0.00

D2PH ONE-WAY TRAVEL DISTANCES

	_			_	_		_		_	_	_	_	_	_
NSMC	36	30	28	49	30	5	73	27	09	46	65	55	27	0
ətidW	35	4	50	54	23	28	72	26	42	35	41	32	0	27
noinU	29	53	63	84	50	99	86	36	46	64	18	0	32	55
suwoI	75	99	9/	79	56	89	103	47	38	63	0	18	41	65
Stephens	30	29	70	26	18	47	34	58	35	0	63	64	35	46
unqey	09	81	98	49	30	61	89	58	0	35	38	46	42	09
гпшркіп	47	15	32	89	42	30	92	0	58	58	47	36	26	27
Hart	44	94	95	25	51	70	0	92	89	34	103	86	72	73
lleH	32	31	29	47	29	0	70	30	61	47	89	09	28	5
Habersham	24	52	56	40	0	29	51	42	30	18	56	50	23	30
Franklin	23	70	70	0	40	47	25	89	49	76	79	84	54	49
Forsyth	99	20	0	70	56	29	95	32	98	70	9/	63	50	28
Dawson	57	0	20	70	52	31	94	15	81	67	99	53	40	30
Banks	0	57	56	23	24	32	44	47	09	30	75	29	35	36
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	Banks	Dawson	Forsyth	Franklin	Habe	Hall	Hart	Lumpkin	Rabun	Stephens	Towns	Union	White	CWSN

MEAL ALLOWANCE

(Receipts are not required for meals per diem)

Breakfast	\$13
Lunch	\$14
Dinner	\$23



DISTRICT 2 PUBLIC HEALTH 1280 Athens Street

Gainesville, GA 30507 770-535-5743