



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

Approval:		4-4-25
	District Health Director	Date

**1.0 PURPOSE**

This policy contains guidelines to be used in determining reimbursement for travel expenses and to fulfill travel requirements at the lowest reasonable cost.

**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

**5.4 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). Supervisors will be responsible for assigning a primary workstation for their employee.

**5.5 Lodging** – Hotel, motel, inn, 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.

County Board of Health POLICY AND PROCEDURES	Policy No.	HR-187		
	Effective Date:	09/01/15	Revision #:	6
Districtwide Travel Policy	Page No.	2 of 9		

- 5.6 **Incidental Travel Expenses or incidentals** – fees and tips given to porters, baggage carriers, bellhops, hotel housekeeping, attendants, and hotel staff.
- 5.7 **Personal Automobile** – A motor vehicle that is owned or leased for personal use by an employee.
- 5.8 **Per Diem Allowance** – The maximum food allowance, set by the State, for which employees can be reimbursed per day. This amount is not a reimbursement of actual expenses incurred.

## 6.0 RESPONSIBILITIES

- 6.1 CBOH Accounting department and HR are 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

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

- 7.1.1 **Car Rental** – District 2 *does not* require employees to compare and/or choose the least expensive option between a rental vehicle or mileage reimbursement for use of their personal vehicle.

If car is rented, the employee will follow the State Accounting Office of Georgia, Accounting Policy & Procedures regarding cost, size of vehicle, maintenance, liability coverage, and fuel. **NOTE:** The personal use of the rented vehicle, including allowing friends or family members to ride or drive, is prohibited.

- 7.1.2 **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.

<b>County Board of Health POLICY AND PROCEDURES</b>	<b>Policy No.</b>	HR-187		
	<b>Effective Date:</b>	09/01/15	<b>Revision #:</b>	6
<b>Districtwide Travel Policy</b>	<b>Page No.</b>	3 of 9		

**7.1.3 Incidentals** – District 2 Public Health does not reimburse incidentals.

## **7.2 Lodging**

**7.2.1** A Lodging Request form must be used to obtain approval from direct supervisor, program coordinator or nurse manager, financial administrator and DHD. Prior to approval, the Supervisor/Program Coordinator/ Nurse Manager will take into consideration the total cost of the trip and the availability of funds. A copy of the Lodging Request must be submitted with the Employee Travel Expense Statement as supportive documentation.

Note: When appropriate and possible, teleconferencing instead of traveling should be considered.

## **7.3 Booking**

**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 making reservations for a conference hotel, inquire about government rate availability, or the conference lodging rate and select the lowest of the two. Do not book non-refundable rates or rates that require a deposit unless required by the conference lodging. When making reservations for a nonconference hotel, employees should refer to U.S. General Services Administrations (GSA) for daily lodging rates in a specific location. The link for the GSA website is <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

**7.3.3** Accommodation that incurs an additional charge, such as an upgrade, is not allowed. When mandatory, resort fees are reimbursable as lodging expenses.

**7.3.4** 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.

**7.3.4.1.** If the hotel/motel refuses to accept the form, write "REFUSE" on form, and have the clerk sign or initial beside it. Submit form with your Travel Expense Statement.

**7.3.5** When traveling overnight and paying with a Board of Health check, employee must give the State of Georgia Sales Tax Certificate of Exemption form to the hotel/motel clerk in addition to the Hotel/Motel Excise Tax form.

<b>County Board of Health POLICY AND PROCEDURES</b>	<b>Policy No.</b>	HR-187		
	<b>Effective Date:</b>	09/01/15	Revision #:	6
<b>Districtwide Travel Policy</b>	<b>Page No.</b>	4 of 9		

- 7.3.5.1.** If forms are refused, write "REFUSE" on the forms and have the clerk sign or initial beside it. Submit forms with your Travel Expense Statement.

#### **7.4 Mileage Rate**

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.

#### **7.5 Procedure for Completing the Employee Travel Expense Statement**

- 7.5.1** The Updated Version of the Employee Travel Expense Statement has already been set up to make the proper calculations. The form must be typed up and then printed off to be signed and submitted.

- 7.5.2** 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.

- 7.5.3** Fill out the sections of the Employee Travel Expense Statement that apply.

- 7.5.3.1. County/Program** - County or Program reimbursing for the travel.

- 7.5.3.2. Commuter Mileage (front page)**- Distance in miles between home and primary workstation. No decimal points – round up or down accordingly. This is a standard distance that does not change from one reimbursement request to the next.

- 7.5.3.3. First Travel Date/Last Travel Date**- Date of the first and last trip for the month. Dates should match the dates on following pages.

- 7.5.3.4. Home Address**- Employee's actual residence. No P.O. Boxes.

- 7.5.3.5. Business Address** – Address of employee's homebase work location (Health Department/CWSN/Dental Office/District Office).

- 7.5.3.6. Per Diem Amount - Breakfast, Lunch, Dinner** – Enter dates of the trip for which meal reimbursement is requested. Enter the city in which employee had meals. Enter the amount stated by the State. Amounts can be found on the Per Diem Rates for Georgia sheet or by visiting [www.gsa.gov](http://www.gsa.gov)

<b>County Board of Health POLICY AND PROCEDURES</b>	<b>Policy No.</b>	HR-187		
	<b>Effective Date:</b>	09/01/15	<b>Revision #:</b>	6
<b>Districtwide Travel Policy</b>	<b>Page No.</b>	5 of 9		

**7.5.3.6.1.** For non-overnight travel, enter depart/return time. A non-overnight trip is eligible for reimbursement if employee is away from home and office for more than 12 hours of the day AND the distance traveled is more than 50 miles.

**7.5.3.7. Lodging** – Enter dates, Hotel name and location, and the breakdown of the nightly charges. A detailed check-out receipt must be submitted with the Travel Expense Statement as supportive documentation.

**7.5.3.8. Purpose for Lodging/Description** - Reason for needing lodging/per diem.

**7.5.3.9. Employee Signature/Supervisor's Signature** – Signature required for both employee and supervisor before submitting to District Office. Blue ink is preferred for signatures.

***(Page 2 of the Employee Travel Expense Statement)***

**7.5.3.10. 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.

**7.5.3.10.1.** When making home visits – enter the address of the person you are visiting. This is for auditing purposes.

**7.5.3.10.2.** When traveling to meetings or training, enter the name/address of the facility in the destination section.

**7.5.3.10.3.** If point of origin is the employee's residence, add the word HOME and/or include home address.

**7.5.3.10.4.** If at end of day, your location is other than your office or homebase work location, enter the trip back to either the office or HOME.

**7.5.3.11. Business Mileage** – Distance in miles from point of origin to destination.

**7.5.3.11.1.** 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-

County Board of Health POLICY AND PROCEDURES	Policy No.	HR-187		
	Effective Date:	09/01/15	Revision #:	6
Districtwide Travel Policy	Page No.	6 of 9		

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

**7.5.3.12 Commuter Mileage** – Enter number of commuter miles only if the point of origin or destination is the employee's home regardless of the time of arrival/departure.

Commuter miles are considered personal mileage and, as such, are not reimbursable. Exception: *If travel occurs on a weekend or holiday, mileage is calculated from the point of origin to the destination with no deduction of commuting miles.*

**7.5.3.12.1** Since commuter miles are not reimbursable, they will be deducted in their entirety from the total mileage.

**7.5.3.12.2** When making multiple home visits within a single day, and each trip in question begins and ends at home, commuter miles need to be subtracted from each leg of the first home visit trip within that single day. No commuter miles will be deducted on any of the other home visits within the day.

**7.5.3.12.3** Commuter miles are not deducted when traveling outside of the normal work schedule. District 2 defines the "normal work schedule" for travel reimbursement purposes as Monday through Friday regardless of the time or arrival/departure.

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

**7.5.3.13 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 negative number which will be deducted from the total State Use Mileage.

**7.5.3.14 Total State Use Miles** – This field auto-generates. The total sum of all mileage under State Use Mileage column.

**7.5.3.15 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. If a rental vehicle is used, enter the word RENTAL.

<b>County Board of Health POLICY AND PROCEDURES</b>	<b>Policy No.</b>	HR-187		
	<b>Effective Date:</b>	09/01/15	<b>Revision #:</b>	6
<b>Districtwide Travel Policy</b>	<b>Page No.</b>	7 of 9		

**7.5.3.16 Explain the Purpose of the Trip** – Enter the date and reason for each trip. If all trips are always for the same reason enter explanation once.

For example: bank deposits, covering WIC clinic at HD or covering Dental clinic at HD. The purpose of the trip should include agency involved, business covered, and brief explanation of duties performed. When making home visits please add the reason for making the home visit.

**7.5.3.17 Commercial Transportation (paid for by employee)** – Enter date(s), choose type of transportation (rental, uber/taxi, bus, train, etc.), origin and destination and the amount paid. Original receipts are required.

**7.5.3.18 Parking, Tolls, Portage** – Enter date(s), description (for example: parking deck at UGA) and amount paid. Original receipts are required.

**7.5.3.19 Miscellaneous Expense** – Enter any expense that does not fall within the above categories. Miscellaneous expenses include registration and training fees paid at door. Original receipts are required.

**7.5.3.20 Gasoline for Rental Vehicle (paid by employee)** – If a rental car is used for trip(s) include date, gas station/location and amount paid. Original receipts are required.

**7.5.3.21 Explain any expenses that are unusual or exceed established limits** – Enter any information that will explain unusual expenses, to explain when an expense exceeds its limit or when mileage exceeds the expected limit. For example, when employees need to take a detour due to road construction.

## **7.6 Submitting**

**7.6.1** All Travel Expense Statements must be mailed to the District Office to be processed.

**7.6.2** Travel expenses submitted more than 45 days after the conclusion of the last travel or event date will not be reimbursed.

**7.6.3** A single Travel Expense Statement may not contain travel for more than one month. For example, a travel form should not list trips for the months of March and April.

<b>County Board of Health POLICY AND PROCEDURES</b>	<b>Policy No.</b>	HR-187		
	<b>Effective Date:</b>	09/01/15	<b>Revision #:</b>	6
<b>Districtwide Travel Policy</b>	<b>Page No.</b>	8 of 9		

**7.6.4** Miscellaneous expenses unrelated to travel should not be added to the Employee Travel Expense Statement. Instead, miscellaneous expenses should be submitted on the District 2 Reimbursable Expenditure Statement form.

**7.6.5** Any questions pertaining to travel should be directed to human resources or accounting department.

**7.6.6** Supportive documentation must be included with the Employee Travel Expense Statement. Supportive Documentation includes agendas, e-mail confirmations and certificates if obtained, registration for conferences, lodging requests, hotel itemized receipts, parking receipts, and driving directions.

## 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 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

3. Employee travels 100 miles on Sunday from home to a conference in Macon, returning Home on Wednesday afternoon. 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



<b>County Board of Health POLICY AND PROCEDURES</b>	<b>Policy No.</b>	HR-187		
	<b>Effective Date:</b>	09/01/15	<b>Revision #:</b>	6
<b>Districtwide Travel Policy</b>	<b>Page No.</b>	9 of 9		

4. Employee leaves home to 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. Commuter mileage is 5 miles.

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

5. Employee leaves home to a home visit 12 miles away. After the home visit, employee travels 20 miles to the District Office and then travels 15 miles back Home. Employee's commuter mileage is 18 miles.

ORIGIN	DESTINATION	BUSINESS MILEAGE	COMMUTER/ PERSONAL MILEAGE	STATE USE MILEAGE
HOME	Home Visit Address	12	18	-6
Home Visit Address	District Office	20	0	20
District Office	HOME	15	18	-3

## 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	Annual Review and Update
5	June 17, 2024	Annual Review and Update
6	March 14, 2025	Annual Review and Update

## 10.0 RELATED FORMS

*D2PH Employee Travel Expense Statement*

*D2PH One-Way Travel Mileage*

*State of Georgia Certificate of Exemption of Local Hotel/Motel Excise Tax*

*State of Georgia Sales Tax Certificate of Exemption*

*District 2 Reimbursable Expenditure Statement*

*Lodging Request Form*

*Travel Scenarios – Commute Mileage Reimbursement*