

LINDA LINGLE
GOVERNOR



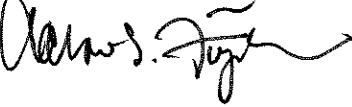
PROCUREMENT POLICY BOARD
LESLIE S. CHINEN
DARYLE ANN HO
GREGORY L. KING
RUSS K. SAITO

AARON S. FUJIOKA
ADMINISTRATOR

STATE OF HAWAII
STATE PROCUREMENT OFFICE
P.O. Box 119
Honolulu, Hawaii 96810-0119
Tel: (808) 587-4700 Fax: (808) 587-4703
www.spo.hawaii.gov

May 24, 2007

PROCUREMENT CIRCULAR 2007-03

TO: Executive Department Heads
FROM: Aaron S. Fujioka 
SUBJECT: Intra-State and Out-of-State TRAVEL PROCEDURES

Widespread internet accessibility has dramatically changed the way travel arrangements are made. Travelers are able to comparison shop instantly from a variety of providers through on-line travel agencies or directly with a merchant.

The travel contract, SPO Price List No. 05-23 effective to May 31, 2007, will not be extended beyond the current term. In lieu of a travel contract, attached are travel procedures for out-of-state and intra-state travel, including travel worksheets to assist staff in preparation for submission of the *Travel Approval Form* (TAF), SPO Form-30.

These procedures allows agencies the latitude and control that best fit their program's mission and budget. Employees have the responsibility to utilize vendors that offer competitive pricing and good customer service.

The attachments are subject to change due to new bargaining union (BU) contractual provisions. At the time of the issuance of these procedures, the official BU provisions were not available.

The *Travel Approval Form*, SPO Form-30, and related worksheets are available on the SPO website, www.spo.hawaii.gov, under the "Quick Links" section, click on "Forms for State Agencies". To view the complete listing of all current Procurement Circulars at the SPO homepage, click on "Procurement Circulars".

If you have any questions please call me at 587-4700, or your staff may call Bonnie Kahakui at 587-4702, or e-mail at bonnie.a.kahakui@hawaii.gov.

Attachments: SPO Form-30, *Travel Approval Form* (TAF) & Worksheets A,B,C,D

c: Chief Procurement Officers
Department of Education
C&C of Honolulu: HPD & Prosecuting Attorney

STATE PROCUREMENT OFFICE TRAVEL PROCEDURES

Effective June 1, 2007, these travel procedures and the applicable form and worksheets shall be used for purposes of Intra-State and Out-of-State travel. Departments may impose additional requirements in its departmental travel procedures.

AIRFARE: Worksheet A

1. Fill in the fields for dates, times, and destination.
2. **Intra-State travel** requires only one airfare quote. See attached matrix. Agencies are encouraged to enroll in one or all corporate programs to take advantage of the preferred or fixed-rate fares, minimal or no change fees, and a liberal refund policy.
3. **Out-of-State travel** requires minimum two airfare quotes.
4. For out-of-state travel, select the most economical airfare (unless otherwise justified), based on the itinerary that fits the business needs.
5. The worksheet should reflect the actual flight schedule, including any personal deviations*.
6. The pCard shall only be used for authorized airfare. Any personal deviation costs which increases the airfare is the responsibility of the traveler.
7. Place the total cost of authorized airfare in the appropriate field on the Travel Approval Form (TAF).

*Personal deviation includes personal preferences on air carrier, side trips, routing, etc., and these costs are the responsibility of the traveler. The traveler shall obtain a fare for the authorized portion of the trip and any personal deviation costs.

PER DIEM: Worksheet B

Intra-State Travel

Part A – Same-Day Travel

1. If applicable, traveler is entitled to a \$20.00 meal allowance for same-day travel.
2. Indicate meal allowance on TAF.

OR

Part B – Overnight Travel

1. Per diem starts 30 minutes prior to the flight departure time from the traveler home island and ends when the flight returns to the airport at the traveler's point of origin.
2. Calculate per diem based on quarter days (see chart on Worksheet B).
3. When lodging or meals are provided at no charge to the traveler, per diem rates shall be adjusted (reference: HAR §3-10-10 (b)(2)(C) and §3-10-10(b)(4)).
4. Indicate the total per diem cost on the appropriate line on the TAF.

Out-of-State Travel

1. Per diem starts a minimum 24 hours to the start of business and ends when the flight returns to the airport at the traveler's point of origin. It may be necessary to depart the city of origin more than 24 hours prior to start of business in order to arrive at the destination a minimum of 10 hours prior to start of business. In those situations, per diem will be based on the actual departure time.
2. Calculate per diem based on quarter days.
3. When lodging or meals are provided at no charge to the traveler, per diem rates shall be adjusted (reference: HAR §3-10-10(b)(2)(C) and §3-10-10(b)(4)).
4. Indicate the total per diem cost on the appropriate line on the TAF.

STATE PROCUREMENT OFFICE TRAVEL PROCEDURES

HOTEL LODGING: Worksheet C

1. **Intra-State travel** requires a minimum of two quotes nearest the place of business/meeting etc., unless using a conference hotel.
2. **Out-of-State travel** requires two quotes nearest the place of business/meeting etc., unless using a conference hotel.
3. Calculate excess lodging for each quotation, including conference hotel.
4. Select the most economical hotel that best fits the business requirements (within the vicinity to the meeting etc.)
5. Prior approval for excess lodging is required for reimbursement, including conference hotels.
6. Place the total excess lodging on the appropriate line on the TAF.
7. The pCard shall not be used for payment of hotel accommodations.
8. Personal credit card information is not mandatory on the worksheet. However, most hotels require this information to guarantee a reservation.

TRANSPORTATION: Worksheet D

1. **Intra-State travel.** Travelers shall use the SPO price list for car rental reservations when a rental car is necessary.
2. **Out-of-State travel.** Travelers should use airport and/or hotel shuttles whenever possible. If a car rental is necessary, a minimum of two quotes are required.
3. Car rental shall be used only when no other cost effective means are available.
4. Loss Damage Waiver, or Collision Damage Waiver, or Physical Damage Waiver are the only insurance options permitted and reimbursable by the State for out-of-state travel.
5. If car rental is not required, estimate ground transportation costs i.e. taxi, airport, hotel shuttle, parking, etc.
6. Place the total estimated cost of ground transportation on the appropriate line on the TAF.

Other Miscellaneous Fees

Note and describe on the TAF any miscellaneous expenses such as registration fees.

- Complete the TAF, based on official business dates, times, and using the estimated costs obtained from the worksheets.
- Attach the completed applicable worksheets to the TAF. *Departments may choose to submit the TAF for approval without the worksheets. Upon return of an approved TAF, the worksheets shall then be completed.*
- Route the TAF and worksheets to the department's requesting and approving authority as required by departmental procedures.
- Upon signed approval, traveler can proceed to make travel arrangements.
- An amended TAF is required only if changes are made to the dates of travel, destination, and purpose of travel.
- At the time of booking, it may be necessary to make a change in the airfare, airline, or flight itinerary due to lower cost and availability. At such time an amended TAF is not required.
- Travelers' shall check with departments Administrative Services Office for after-the-fact approvals.
- A *Statement of Completed Travel* is required, along with all applicable worksheets and supporting documents within (10) ten working days upon return to duty.

**Inter-Island Scheduled Passenger Air Carrier
2007 Quick Reference Guide**
(subject to change without notice)

	Aloha Airlines	GO! Airlines	Hawaiian Airlines	Pacific Wings	Island Air
Program Name	Executive Plus Program	State of Hawaii Program	Corporate Web Account	TVC for Government Agencies	(Under development)
Website	eplus.alohaairlines.com	https://gov.iflygo.com	HawaiianAirCorporate.com	www.pacificwing.com (scheduling information)	
Reservations Phone Number	Dedicated Number (808) 484-8900	Reservations Center (1888) IFLYGO2	Dedicated Number (808) 838-6670	Central reservations number, (888) 575-4646	
Membership	No membership fee, however, travel arrangers must be an Aloha Airlines mileage member	Special login & password required	No membership fee, however, travel arrangers must be a Hawaiian Airlines mileage member	none	
Fare Structure	Preferred or fixed rates	Special Govt rate	Corporate or promo rate	Special coupon rates	
Change Fees	No charge based on same booking class. \$0 to \$15.00 if same class not available.	No change fees assessed.	No charge based on same booking class. \$15.00 if same class not available	None	
Refunds	Full refund if cancelled more than 90 minutes prior to flight departure.	No refund. Ticket valid for one year from date of purchase.	Full refund on web fares if cancelled more than 2 hours prior to flight departure. Excludes any promotional fares.	None. However, coupons are transferable.	
Reports	Monthly activity report	Online management reports	Monthly activity report	None	
For of Payment	pCard	pCard	pCard	pCard or Purchase Order for TVC (travel voucher coupon) purchases	
Contacts	Sales Center (808) 539-5800	Deborah Shane at (602) 684-4112 or Deborah.Shane@mesa- air.com	Oahu - Bernie Salvador (808) 838-7846 Hawaii - Craig Shiroma (808) 935-0858 Kauai - Leesa Kawamura (808) 245-4516 Maui - Leona Duarte (808) 872-4400	Kaheha Reinhardt at (808) 873-0877 or kreinhardt@pacificwings.com	James Suehisa at (808) 280-5233 or jsuehisa@islandair.com

AIRFARE WORKSHEET A

INTRA-STATE TRAVEL (min. one quote required)

VENDOR NAME	DEPARTURE TIME	ARRIVAL TIME	DATE OF QUOTE	AMOUNT QUOTED

OUT-OF-STATE TRAVEL (min. two quotes required)

Itinerary 1 Vendor: _____
Airfare Quote: _____

Selected Itinerary
Date of Quote: _____

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

Itinerary 2 Vendor: _____
Airfare Quote: _____

Selected Itinerary
Date of Quote: _____

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

Itinerary 3 Vendor: _____
Airfare Quote: _____

Selected Itinerary
Date of Quote: _____

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

All quotes shall be obtained on the same 8-hour work day using the same parameters, i.e., dates, similar times, & destination. Attach a copy of the proposed itineraries in lieu of filling in the above sections. The pCard may not be used for any itinerary involving personal deviations, which impacts the airfare quote.

Justification for selection made to other than lowest fare:

Prepared by: _____

Date: _____

HOTEL ACCOMMODATIONS WORKSHEET C

Intra-State: _____ (min. 2 quotes required)

Out-of-State: _____ (min. 2 quotes required)

Check-In Date: _____

Check-Out Date: _____

Destination: _____

Conference Hotel:

(prior approval for excess lodging required)

Selected	Name of Hotel	Hotel Rates	Date of Quotation	Excess Lodging Per Day	Total Excess Lodging
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
Form of Payment: <input type="checkbox"/>		P.O.# _____		<input type="checkbox"/> Credit Card # _____	
Exp. Date: _____		Cardholder Name: _____			

Justification for selection other than lowest quotation: (conference hotel excluded)

Prepared by: _____

Date: _____

**GROUND TRANSPORTATION
WORKSHEET D**

OUT-OF-STATE CAR RENTAL*
(Minimum 2 quotes required)

Pick-up Date: _____
Pick Up Location: _____

Return Date: _____
Drop Off Location: _____

	Vendor	Car Rate	Date of Quotation	Total Cost
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

*Employee should use hotel/airport shuttle whenever possible.

Justification for other than compact car:

INTRA-STATE CAR RENTAL

Pick-up Date: _____
Pick up Location: _____

Return Date: _____
Drop Off Location: _____

Vendor	Car Rate (price list)	Total Cost (no. of days x rate)

OTHER GROUND TRANSPORTATION COSTS

	Description	Cost
<input type="checkbox"/>	Taxi	
<input type="checkbox"/>	Airport/Hotel Shuttle	
<input type="checkbox"/>	Parking	
<input type="checkbox"/>	Other (describe):	
	Total Estimated Cost	

Prepared by: _____

Date: _____

TRAVEL APPROVAL FORM

Check One: _____ Out-of-State _____ Intra-State

Name of Traveler: _____ Phone: _____ Fax: _____

Position/Title: _____ Bargaining Unit: _____

Department/Division/Office: _____

Contact Person: _____ Phone: _____ Fax: _____

Billing Address: _____

Justification: (Attach additional sheets if necessary, including conference/meeting agenda and training schedule)

Date & Time Business/Conference/Meeting Begins*: _____ City: _____

*Indicate time employee needs to be at the destination, including any preconference meetings, etc.

Date & Time Business/Conference/Meeting Ends: _____ City: _____

COST INFORMATION

Airfare Cost: (Worksheet A for authorized travel): _____

Per Diem: (Worksheet B) _____

Hotel Excess Lodging: (Worksheet C) _____

Transportation Cost: (Worksheet D) _____

Other: i.e. Registration Fee Describe _____

Program ID: _____ Appropriation Symbol: _____ TOTAL _____

Requesting Authority Signature

Approving Authority Signature

Requesting Authority Name/Title (Print) Date

Approving Authority Name/Title (Print) Date

DO NOT MODIFY FORM - WILL BE REJECTED BY DAGS, PRE-AUDIT