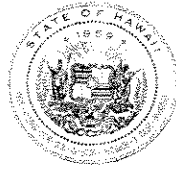


LINDA LINGLE
GOVERNOR



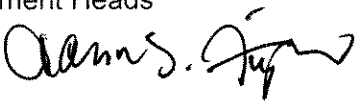
PROCUREMENT POLICY BOARD
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July 23, 2008

PROCUREMENT CIRCULAR 2007-03, Amendment 3

TO: Executive Department Heads
FROM: Aaron S. Fujioka 
SUBJECT: Intra and Out-of-State Travel Procedures
Checked Baggage Policy

The airline industry recently instituted checked baggage fees. The policies, procedures, and fee schedules vary by individual airline carriers. The following policies and procedures shall apply to all employees on authorized official State travel.

The baggage fees, when applicable, are assessed and paid upon check-in, therefore, the expenditure, shall be made on a reimbursement basis. The anticipated baggage expense must be submitted on Worksheet A, AIRFARE AND BAGGAGE FEES (copy attached).

Employees shall be entitled to one checked bag, based on the airline's standard weight and linear measurements. Any additional fees, i.e. second bag, special items, oversized, and overweight baggage are the responsibility of the traveler, unless appropriate justification is provided that the additional fees are for official State business. The baggage expense must be submitted on the Statement of Completed Travel (sample attached) with proper documentation (receipts). It is the traveler's responsibility to check with the respective airlines on checked baggage requirements and fees.

If your staff has any questions, they may contact Bonnie Kahakui at 587-4702 or bonnie.a.kahakui@hawaii.gov, or you may call me at 587-4700.

A complete listing of all current Procurement Circulars may be viewed on the SPO homepage at <http://www.spo.hawaii.gov/>, under the *Quick Links* section, click on *Procurement Circulars*.

c: Chief Procurement Officers

attachments

WORKSHEET A AIRFARE AND BAGGAGE FEES

INTRA-STATE TRAVEL (minimum one quote required)

Vendor: _____

Airfare Quote: _____

Baggage Fee: _____

Date of Quote: _____

DATE	FROM	TO	ESTIMATED DEPARTURE TIME	ESTIMATED ARRIVAL TIME

OUT-OF-STATE TRAVEL (minimum two quotes required)

Vendor 1: _____

Selected Itinerary

Airfare Quote: _____

Baggage Fee: _____

Date of Quote: _____

DATE	FROM	TO	ESTIMATED DEPARTURE TIME	ESTIMATED ARRIVAL TIME

Vendor 2: _____

Selected Itinerary

Airfare Quote: _____

Baggage Fee: _____

Date of Quote: _____

DATE	FROM	TO	ESTIMATED DEPARTURE TIME	ESTIMATED ARRIVAL TIME

Vendor 3: _____

Selected Itinerary

Airfare Quote: _____

Baggage Fee: _____

Date of Quote: _____

DATE	FROM	TO	ESTIMATED DEPARTURE TIME	ESTIMATED ARRIVAL 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:

Traveler: _____

Prepared by: _____

Date: _____

TRAVEL APPROVAL FORM

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

Worksheet A - Airfare for Authorized Travel

Baggage Fees

Worksheet B - Per Diem and Meal Allowance

Worksheet C - Hotel Accommodations - Excess Lodging

Worksheet D - Ground Transportation

Worksheet E - Ferry Service Passenger/Vehicle Transportation

Other Expenses (registration fee, training material, passport, etc.) Describe:

TOTAL

Program ID: _____ Appropriation Symbol: _____

Requesting Authority Signature Date

Approving Authority Signature Date

Requesting Authority Name/Title (Print)

Approving Authority Name/Title (Print)

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

Statement of Completed Travel

Department of Accounting and General Services

Check One: Within State (overnight) Within State (same day travel)
 Out of State

Division / Branch : _____ State Procurement Office _____ Date: _____

In accordance with Section 78-15, HRS, as amended, and the Comptroller's Rules and Regulations, I certify that I traveled from _____ to _____ on official business

The travel was authorized by:(see attached) Request for Intra-State Travel TAF / Memo

Date of Departure: _____ Time: _____ Return Date: _____ Time: _____

A. Computation of Per Diem Allowance : (overnight / out of state - instructions on reverse)

Depart Day	Full Days	Return Day	=	Total Days	X	Rate	=	\$	0.00
_____	+ _____	+ _____	=	0	X	_____	=	\$	0.00
_____	+ _____	+ _____	=	0	X	_____	=	\$	0.00
Computation of Travel Allowance (same day travel)								=	\$ 0.00

B. Computation of Subsistence Allowance when per diem is not provided:

Travel beginning before 8:00 am	_____ Breakfast	(8% of per diem) *	\$	0.00
Travel beginning before 12:00 noon or return after 12:30 pm	_____ Lunch	(12% of per diem) *	\$	0.00
Travel ending after 7:00 pm	_____ Dinner	(20% of per diem) *	\$	0.00

C. DEDUCT meals furnished to traveler in connection with approved travel:

Number of meals furnished:	_____ Breakfast	(8% of per diem) *	\$	(0.00)
	_____ Lunch	(12% of per diem) *	\$	(0.00)
	_____ Dinner	(20% of per diem) *	\$	(0.00)

D. Other allowable expense (Itemize and attach receipts)

baggage fee	\$	17.00
	\$	
	\$	
	\$	17.00

E. TOTAL CLAIM: _____ \$ 17.00

F. DEDUCT from TOTAL CLAIM advance by State Warrant Voucher
 Summary Warrant Voucher (DBRN #) _____ Dated: _____ \$ _____

G. TOTAL DUE TO EMPLOYEE OR STATE \$ 17.00

Submitted by: _____ Signature _____ Approved by: _____

_____ Date _____ Typed Name _____ Date _____ Title _____

_____ BU# _____ Social Security # _____ * Rounded to the nearest dollar