STATE PROCUREMENT OFFICE

Procurement Training

Workshop # 155
Intra- and Out-of-State Travel Procedures

Governing Authority

- COLLECTIVE BARGAINING AGREEMENTS
- HAWAII ADMINISTRATIVE RULES , Chapter 3-10, TRAVEL RULES
- ETHICS COMMISSION MEMORANDUM
- PROCUREMENT CIRCULARS
- PRICE/VENDOR LISTS
- COMPTROLLER MEMORANDA
- DEPARTMENT POLICIES/PROCEDURES.

Collective Bargaining Agreement

- Supercedes HAR Chapter 3-10
- Intra-State Travel
  - Per Diem $90.00 p/24 hour
    - Calculations based on ¼ days
    - Beginning 60 min. prior to dept. & ends upon return
    - Hotel allowance - $50.00
      - Excess lodging requires prior approval
    - Same day travel allowance - $20.00
- Travel Time Off for Same Day Travel
  - HGEA Settlement Agreement 9/2000

Collective Bargaining Agreement

- Out-of-State Travel
  - Per Diem - $145.00 p/24 hours (based on ¼ days)
  - Starts 24hrs. prior to start of business
  - Minimum 10 hrs prior to the start of business
  - Hotel allowance $85.00
  - Excess lodging requires prior approval
- Advance Per Diem
  - Does not include excess lodging
- Furnished Meals & Lodging
  - Adjust per diem amounts
  - Conference programs (see CM No. 2012-15)

Hawaii Administrative Rules Chapter 3-10

- **§3-10-3 Applicability**
  Applies to all persons uniformly & regardless of funding (i.e. boards and commissioners)
- **§3-10-5 Travel Status**
  When conducting official business and while traveling to from official business site
- **§3-10-6 Routing of Travel**
  Most economical, direct flight routes available to point of business. Any personal preferences (i.e. airline, routing, side trips) which impact the cost shall be the responsibility of the traveler.

Hawaii Administrative Rules Chapter 3-10

- **§3-10-10(b)Travel Allowances**
  - Per diem covers meals, lodging, tips, laundry and other expenses
  - Reimbursable expenses (i.e. transportation, visas, taxi etc.)
- **§3-10-10(b)(2)(C) Subsistence** Allowance
  - Adjustments when lodging is provided
  - Sample out-of-state
    - 08% Breakfast - $12.00
    - 12% Lunch - $17.00
    - 20% Dinner – $29.00

Ethics Commission Memo
Comptroller's Memo

1. Travel benefits accrued on state business must be used for subsequent state business or transferred to another employee for state business.
2. Non-transferable travel benefits must be used for state business.
3. Travel benefits, earned on business travel cannot be used for personal travel

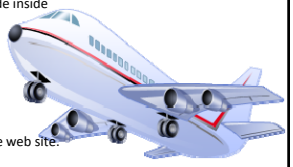
SPO PRICE LIST 12-14
Commercial Car Rental Services

- InterIsland Car Rental Contract (mandatory price list for participating jurisdictions)
- Contract extended to 5/31/2015 or as amended
- Hawaii State Cars.com

Rental Agency	Enterprise Rent-A-Car	National Car Rental	Alamo Rent-A-Car
Car Size		Daily Rates	
Compact	$49.00	$50.00	$51.00
Midsize/Intermediate	$51.00	$53.00	$54.00
Full	$60.00	$63.00	$64.00
Mini-Van (7-8 passenger)	$78.00	$79.00	$80.00
2 door, 4 WD Jeep	na	na	$75.00
4 door, 4WD Jeep	na	na	$80.00
Sports Utility Vehicle (standard)	$77.00	$79.00	$80.00
Sports Utility Vehicle (full size)	$170.00	na	na
Trucks & Cargo Vans (optional	$77.00/$78.00	na	na
15 – passenger van (optional)	$160.00	na	na
Drop Charges	$25.00 (Oahu,Maui,Kauai, Molokai) $35.00 (Hilo/Kona or reverse)		
Additional Driver Fee	waived	waived	waived
Under Age Driver Fee (21-25 years)	waived	waived	waived
Grace Period	59 minutes	59 minutes	59 minutes
Overtime Charges	$10.00 per hr.	$10.00 per hr.	$10.00 per hr.
Locations	See Exhibit A		

SPO PRICE LIST 13-21
Interisland Airline Price Agreement

Features/Benefits	Hawaiian Airlines Inc.
Corporate Website	www.hawaiianair.com/corporate
Corporate Account Reservations Ph. No:	Agencies are required to sign up for a corporate account. Corporate Desk 1 (800) 578-5722 (toll free) Daily 4:00am to 7:00pm (HST)
Pricing Options	Established corporate web fares, other web fares including promotional fares, corporate 'X" fares. Corporate benefits do not apply to promotional fares.
Baggage Fees (standard size)	1st and 2nd checked bag fees waived, 3rd checked bag is $25.00.
Change Fees	Interisland change fees are waived for flight, date, route and name changes provided the reservations are made via the corporate website or corporate desk. Any fare difference will be collected should the change result in a fare difference.
Cancellations/Refunds	See Change Fees. Refund fee is waived for Corporate X interisland tickets that are cancelled & a refund request is made at least 90 minutes prior to departure. $25.00 change fee for refund request made inside of 90 minutes prior to flight.
Priority Boarding	None
Interisland Standby	Same day standby available at no fee for passengers booked via the corporate site or desk.
Incentive Program	Corporate accounts earn 1 bonus mile per dollar spent on ticket purchased through the corporate web site.



Travel Procedures
PC 2007-03 & Amendments 1-3

- Travel Approval Form

- ❖ Worksheet A — Airfare Quotes/Baggage
- ❖ Worksheet B — Per Diem
- ❖ Worksheet C — Hotel
- ❖ Worksheet D — Ground Transportation/ Car Rental
- ➢ Statement of Completed Travel (department form)

Worksheet A (Airfare)

- Intra-State
  - Requires 1 quote
  - Authorized itinerary
  - Most economical itinerary
  - pCard may only be used for authorized itinerary
  - Employee responsible for any additional cost due to deviation/personal preferences.

Worksheet A (Airfare)

- Out-of-state
  - Requires a min. of 2 quotes from 2 different sources
  - Authorized vs. Actual itinerary
  - Most economical itinerary
  - pCard may only be used for authorized itinerary
  - Employee responsible for any additional cost due to deviation/personal preferences.

Worksheet A (Airfare)

- Baggage fees
  - 1 bag authorized, unless otherwise approved
  - Must meet standard airline regulations
  - Employee responsible for extra bags, additional fees (unless justified)

  *if using the price list vendor may have waived or reduced baggage fees
- Justification
  - Must be noted if not using the lowest fare

Worksheet A (Airfare)

- Travel Information: Land Management Conference – Boston, MA
- Conference Dates: Start - May 9, 2014 at 8:00 am End - May 13, 2014 at 2:00 pm

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

Itinerary 1 Vendor: Expedia ☐ **Selected Itinerary**
Airfare Quote: $832.00 **Baggage Fee: $50.00** **Date of Quote: 2/18/2014**

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
5/7/14	HNL	SFO	10:58 pm	7:00 am
5/8/14	SFO	BOS	8:30 am	5:07 pm
5/14/14	BOS	LAX	8:24 am	12:00 pm
5/14/14	LAX	HNL	1:05 pm	3:42 pm

Itinerary 2 Vendor: Cheap Tickets ☒ **Selected Itinerary**
Airfare Quote: $764.00 **Baggage Fee: $50.00** **Date of Quote: 2/18/2014**

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
5/7/14	HNL	SFO	10:58am	7:00 am
5/8/14	SFO	BOS	8:30 am	5:07 pm
5/14/14	BOS	HNL	11:23 am	7:16pm

Worksheet A (Airfare)

Itinerary 3 Vendor: ☐ **Selected Itinerary**
Airfare Quote: ☐ **Baggage Fee:** ☐ **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:

Worksheet B (Per Diem – Intra-State)

Part A – Overnight Travel

- Commences 60 minutes prior to flight
  - Sample flight: departs 6:30 am (for an 8:00am meeting/ return at 5:00 pm the next day

Check One: x Intra-State (overnight) ____ Intra-State (same day)
____ Out-of-State

Travel from: Honolulu to Lihue on official business

Dept. Date 5/9/2014 Time: 8:00 AM Return Date: 5/10/2014 Time: 5:00 PM

A. Computation of Per Diem Allowance: (Intra-state Overnight/Out-of-state)

Dept. Day	Full Days	Return Day	Total Days	Rate		Total
1	0	0.75	1.75	90	$	157.50
			0		$	0.00
					Total A $	157.50

WORKSHEET B (PER DIEM – INTRA-STATE)

- Part B – Only complete for Same Day Travel - $20.00

Check One:	x	Intra-State (overnight)				Intra-State (same day)		
		Out-of-State						
Travel from:	Honolulu		to	Lihue		on official business		
Dept. Date	5/9/2014	Time: 8:00 AM		Return Date:	5/10/2014		Time: 5:00 PM	
A. Computation of Per Diem Allowance: (Intra-state Overnight/Out-of-state)								
Dept. Day	Full Days	Return Day		Total Days		Rate		Total
1	0	0.75		1.75		90	$	157.50
				0			$	0.00
							Total A $	157.50
B. Computation of Meal Allowance (same day travel)					$20	x 1	Total B $	20.00

WORKSHEET B (PER DIEM – INTRA-STATE)

- Part C – Add meal allowance when lodging provided

C. Computation of Meal Allowance when lodging provided at no cost to employee (rounded to the nearest dollar):
(intra-state per diem is $90.00, out-of-state per diem is $145.00)

Travel beginning before 8:00 am	8% of per diem	1	Breakfast	$	7.00
Travel beginning before 12:00 noon or return after 12:30 pm	12% of per diem	1	Lunch	$	11.00
Travel ending after 7:00 pm	20% of per diem	1	Dinner	$	18.00
				Total C $	36.00

- Part D – Deduct meal allowance when meals furnished

D. DEDUCT meals when furnished at no cost to the traveler (rounded to the nearest dollar):
(intra-state per diem is $90.00, out-of-state per diem is $145.00)

Number of meals furnished:	8% of per diem	1	Breakfast	$	(7.00)
	12% of per diem	1	Lunch	$	(11.00)
	20% of per diem	1	Dinner	$	(18.00)
				Total D $	(36.00)

Travel Time Off for Same Day Travel (HGEA Settlement)

- Applies only to employees who could qualify for overtime pay
- Calculations start 30 minutes prior to flight time and ends when flight returns to home airport
- Travel time off is computed at one and ½ times
- Rounded to the nearest 15 minutes

EXAMPLE

Employee's regular hours are: 7:45am – 4:30pm

Travel Times: From: 6:05 am To: 6:41am
From: 5:15 pm To: 5:51 pm

Departure: 5:35 am to 7:45 am = 130 minutes
Return: 4:30 pm to 5:51 pm = 81 minutes

Total unconverted time = 211 minutes
Total converted time = 316.5 or 5.25 hrs.

Worksheet B (Per Diem – Out-of-State)

- Part A – Overnight Travel
  - Commences 24 hrs. prior to start of business
  - based on Hawaii time

Check One: ____ Intra-State (overnight) ____ Intra-State (same day)
x Out-of-State

Travel from: Honolulu to Boston on official business

Dept. Date 5/7/2014 Time: 10:58 PM Return Date: 5/14/2014 Time: 7:16 PM

A. Computation of Per Diem Allowance: (Intra-state Overnight/Out-of-state)

Dept. Day	Full Days	Return Day	Total Days	Rate		Total
0.25	6	1	7.25	145	$	1,051.25
			0		$	0.00
					Total A $	1,051.25

Enter quarter days not dates

Worksheet B (Per Diem – Out-of-State)

- Part C – Add meal allowance when lodging provided

C. Computation of Meal Allowance when lodging provided at no cost to employee (rounded to the nearest dollar):
(intra-state per diem is $90.00, out-of-state per diem is $145.00)

Travel beginning before 8:00 am	8% of per diem	6	Breakfast	$	72.00
Travel beginning before 12:00 noon or return after 12:30 pm	12% of per diem	6	Lunch	$	102.00
Travel ending after 7:00 pm	20% of per diem	6	Dinner	$	174.00
			Total C	$	348.00

Worksheet C (Hotel Accommodations)

- Requires minimum 2 quotes
- Exception for conference hotel
- Calculation of excess lodging
  - Actual cost – hotel allowance
    - Hotel allowance - $50.00 Intra-state
      $85.00 Out-of-state
- Excess lodging requires prior approval
- Use personal card to make reservations.
- pCard **SHALL NOT** be used
- Include justification if not using the most economical cost hotel

Worksheet C (Hotel)

WORKSHEET C
HOTEL ACCOMMODATIONS

Intra-State: ☐ (min. 2 quotes required) **Out-of-State:** ☒ (min. 2 quotes required)

Check-In Date: 5/8/2014 **Check-Out Date:** 5/14/14
Destination: Boston, MA **Conference Hotel:** ☐
(prior approval for excess lodging required)

Selected	Name of Hotel	Hotel Rate	Date of Quotation	Excess Lodging Per Day**	Total Excess Lodging
☒	Boston Double Tree Baysid	$142.58	2/18/14	$57.58	$345.48
☐	Holiday Inn Express	$156.69	2/18/14	$71.69	430.14
☐					

Form of Payment:	☐	P.O.#	☐	*Credit Card #	
Exp. Date:		Cardholder Name:			

***Entering personal credit card information is optional.**

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

****If staying at a conference hotel, the minimum quotes are not required. Check the appropriate box.**

Worksheet D (Ground Transportation

Intra-State Car Rental

- Car rental when authorized
  - SPO Price List No.12-14 is mandatory
  - www.hawaiistatecars.com

WORKSHEET D
GROUND TRANSPORTATION

INTRA-STATE CAR RENTAL

Pick-up Date: 5/9/2014 **Return Date:** 5/10/2014
Pick up Location: Lihue Airport **Drop Off Location:** Lihue Airport

Vendor	Car Rate (price list)	Total Cost (no. of days x rate)
Enterprise Rent A Car	$46.00	$46.00

SPO PRICE LIST 12-14
Commercial Car Rental Services

- Driver need not be pCardholder
- Employee must have a valid driver's license
- Compact size, unless justified/authorized for larger car size
- Gas included
- Guaranteed availability, Monday-Friday (excluding Holidays)
- Insurance not reimbursable
- Employee personally responsible for deviations (upgrades, overtime, extensions)

Report any accident/incidents to Risk Management immediately!

EXCEPTIONS TO PRICE LIST NO.12-14

- Delegated to the Department Head
  - Must be obtained prior to travel.
  - SPO-016, Procurement Violation for after-the-fact exceptions.
- Check with ASO for departmental procedures & policies

Worksheet D-Ground Transportation

Out-of-State Car Rental

- Car rental only when necessary & authorized
- Requires minimum 2 quotes – compact car
- pCard may not be used
- Only collision damage waiver (may also be called physical damage or loss damage waiver) is reimbursable. All other insurance options are at the employee expense.

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

Pick-up Date: 5/8/2014 **Return Date:** 5/14/2014
Pick Up Location: Boston Logan Airport **Drop Off Location:** Boston Logan Airport

	Vendor	Car Rate	Date of Quotation	Total Cost
☒	Thrifty Car Rental	$208.67	2/18/2014	$208.67
☐	Enterprise	$218.94	2/18/2014	$218.94
☐				

*Employee should use hotel/airport shuttle whenever possible.

Justification for other than compact car (intra or out-of-state travel):

Worksheet D-Ground Transportation

Other Ground Transportation Costs

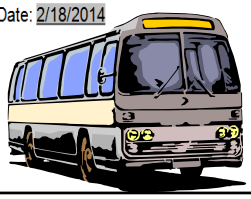
- Taxi, shuttles, parking, rail, bus, etc.

OTHER GROUND TRANSPORTATION COSTS

	Description		Cost
☐	Taxi		
☒	Airport/Hotel Shuttle		52.00
☒	Parking		12.00
☐	Other (i.e. subway, bus, rail, metro, etc.)	Specify:	
		Total Estimated Cost	64.00

Traveler: Jane Doe Prepared by: Bonnie Date: 2/18/2014

SPO FORM-30 WORKSHEET D (Revised 07/23/08)



Travel Approval Form (SPO-030)

Employee/Traveler Information

- Check intra or out-of-state
- Complete employee/traveler profile
- Complete justification
- Indicate date/time/destination business starts
- Indicate date/time/destination business ends

Travel Approval Form (SPO-030)

TRAVEL APPROVAL FORM

Check One: ____ Intra-State X Out-of-State

Name of Traveler: Jane Doe Phone: 587-4702 Fax: 586-0563

Position/Title: Environmental Specialist Bargaining Unit: 13

Department/Division/Office: DLNR - Land Management

Contact Person: Bonnie Kahakui Phone: 587-4702 Fax: 586-0563

Billing Address:

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

Attend Land Management Conference

Date & Time Business/Conference/Meeting Begins*: 5/9/2014 8:00 City: Boston, MA

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

Date & Time Business/Conference/Meeting Ends: 5/13/2014 2:00 pm City: Boston, MA

Travel Approval Form

Cost Information (transfer information)

- Worksheet A - Air travel costs (authorized only)
  - including baggage fees
- Worksheet B - Per diem
- Worksheet C - Hotel costs
- Worksheet D - Transportation costs
- Other Expenses (i.e. registration fees)

Travel Approval Form

Cost Information (transfer information)

COST INFORMATION

Worksheet A - Airfare for Authorized Travel	$764.00
Baggage Fees	$50.00
Worksheet B - Per Diem and Meal Allowance	$1,051.25
Worksheet C - Hotel Accommodations - Excess Lodging	$345.48
Worksheet D - Ground Transportation	$64.00
Other Expenses (registration fee, training material, passport etc.) Describe:	$125.00
TOTAL	$2,399.73

Program ID: _____ Appropriation Symbol: _____

Travel Approval Form

Complete TAF Form*

- ✔ Attach all worksheets (if applicable)
- ✔ Signed by Requesting Authority
- ✔ Signed by Approving Authority

*Amend TAF only when changes to:

- dates of travel
- destination
- purpose

Travel Procedures (cont.)

- Check departmental policies for other approvals & procedures
- Make definite travel arrangements only when approvals have been received
  (It may be necessary to re-do worksheets)
- Failure to follow travel procedures is considered a procurement violation and may result in submitting a SPO-016
- Keep all receipts for Statement of Completed Travel (including airline boarding passes as proof of travel)

STATEMENT OF COMPLETED TRAVEL

- Follow department policy & procedures
- Use department form
- Submit within 10 working days of return

SAMPLE STATEMENT OF COMPLETED TRAVEL

Statement of Completed Travel

Department of Accounting and General Services

Check One: ____ Within State (overnight) ____ Within State (same day travel)

x Out of State

Division / Branch : State Procurement Office Date: 5/19/2014

In accordance with Section 78-15, HRS, as amended, and the Comptroller's Rules and Regulations, I certify

that I traveled from Honolulu to Boston on official business

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

Date of Departure: 5/7/2014 Time: 10:58p Return Date: 5/14/2014 Time: 7:16p

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

Depart Day		Full Days		Return Day		Total Days		Rate		
0.25	+	6	+	1	=	7.25	X	145	=	$ 1051.25

SAMPLE STATEMENT OF COMPLETED TRAVEL

B.	Computation of Subsistence Allowance when per diem is not provided:					
	Travel beginning before 8:00 am		Breakfast	(8% of per diem) *	$	
	Travel beginning before 12:00 noon or return after 12:30 pm		Lunch	(12% of per diem) *	$	
	Travel ending after 7:00 pm		Dinner	(20% of per diem) *	$	
C.	DEDUCT meals furnished to traveler in connection with approved travel:					
	Number of meals furnished:		Breakfast	(8% of per diem) *	$	
			Lunch	(12% of per diem) *	$	
			Dinner	(20% of per diem) *	$	
D.	Other allowable expense (Itemize and attach receipts)					
		taxi		$ 20		$27.00
		baggage		$ 40		$50.00
				$		
				$	$	
E.	TOTAL CLAIM:				$	1128.25
F.	DEDUCT from TOTAL CLAIM advance by State Warrant Voucher Summary Warrant Voucher (DBRN #)		Dated:		$	0
G.	**TOTAL DUE TO EMPLOYEE OR STATE**				$	1128.25

Submitted by: _____ Signature Approved by: _____

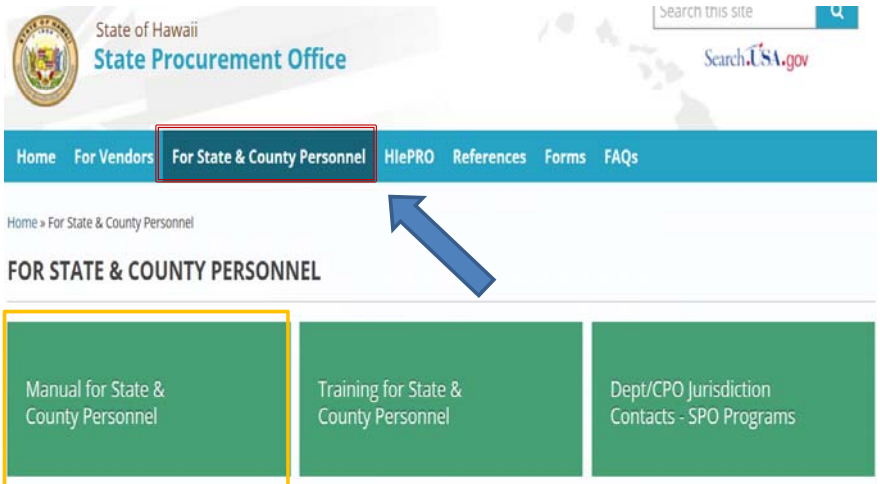
Date _____ Typed Name Date _____ Title

BU# _____ Social Security # (last four)

* Rounded to the nearest dollar

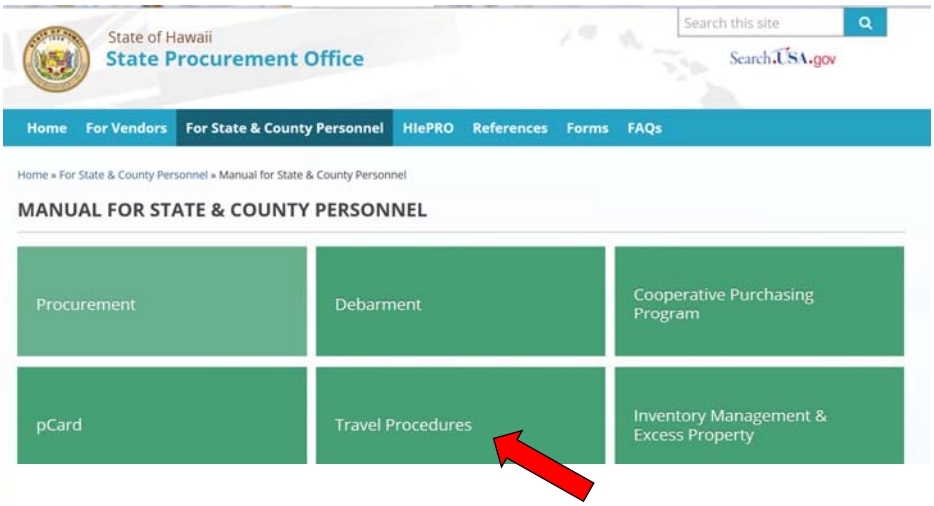
SPO WEBSITE

http://spo.hawaii.gov



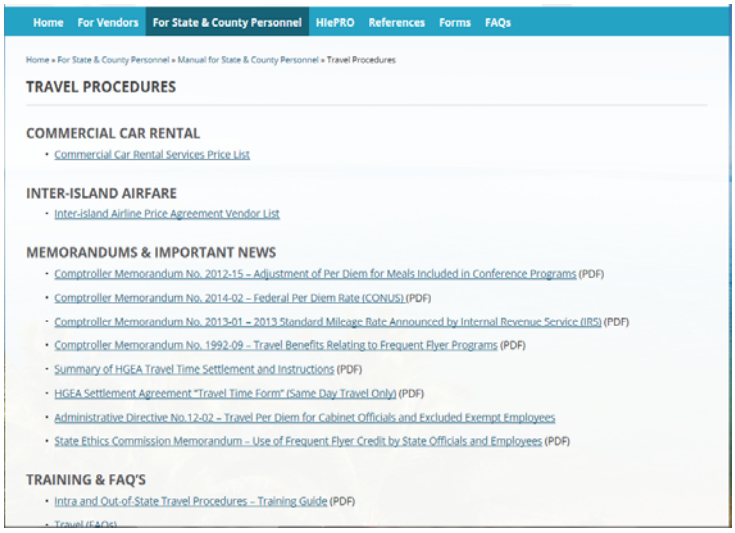
SPO WEBSITE

http://spo.hawaii.gov



SPO WEBSITE

http://hawaii.gov/spo



FINAL REMINDERS

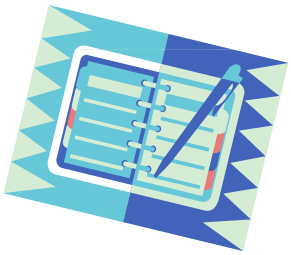
1. Written delegation is not required. This is a mandatory workshop for ALL staff making travel arrangements, or staff involved in Pre-Post travel review.

2. Use the forms on the website as they are the most current. Obsolete forms may be rejected.

3. Keep all receipt, including boarding passes for the Statement of Completed Travel.

4. Submit Statement of Completed Travel within 10 days of returning to work.

CONTACT INFORMATION

- **Bonnie Kahakui**
- **State Procurement Office**
- **Phone: 587-4702 Fax: 586-0570**
- **E-mail Address: bonnie.a.kahakui@hawaii.gov**

- **Michael Ong**
- **State Procurement Office**
- **Phone: 586-0562 Fax: 586-0570**
- **E-mail Address: michael.lt.ong@hawaii.gov**