TRAVEL GUIDELINES AND PROCEDURES

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

New guidelines & procedures effective for travel beginning July 1, 2026.

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GOVERNING AUTHORITY

- Collective Bargaining Agreements
- Hawaii Administrative Rules (HAR3-10)
- SPO Travel Guidelines & Procedures
- Procurement Circulars
- Comptroller Memoranda
- Departmental Policies & Procedures

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APPLICABILITY

- ✓Applies to all persons employed by the State or those representing the State on official business.
- ✓Applies to all sources of funding (with a few exceptions)
- ✓Excluded employees have the same benefits as employees in related collective bargaining units

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TRAVEL GUIDELINE OVERVIEW

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MAJOR CHANGES TO COLLECTIVE BARGAINING AGREEMENT

(BU 2,3,4,9 AND 13)

- Lodging, Meals and Incidentals will be based on the Federal Allowance Rates
- Employees may receive advance M&IE and lodging expenses for official travel whenever feasible.
- Allowance for same-day travel increased to $30.00
- Travel to mountainous/remote locations increased to $30.00 per day
- Intra-State and Out-of-State: Official travel shall begin 90 minutes prior to scheduled flight departure and 30 minutes after scheduled return

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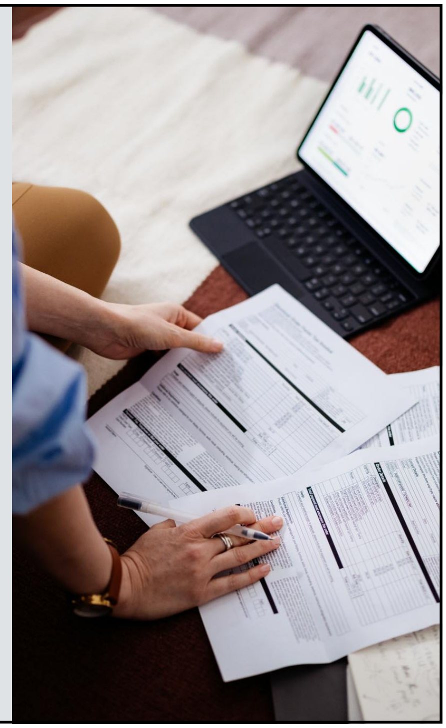

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NEW TERMS

- **Federal Allowable Rate-** Maximum allowable reimbursable rate for lodging and M&IE.
- **CONUS** – Continental U.S., 48 contiguous states & D.C.
- **OCONUS** – Outside the Continental U.S., including foreign and non-foreign countries (includes Hawaii & Alaska)
- M&IE – Meals and Incidentals. Incidentals expenses such as tips to porters, baggage carries, & hotel staff

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REQUEST AND APPROVAL

- ❑ Travel Approval Form (TAF), SPO-030
- ❖ Worksheet A – Airfare Expenses
- ❖ Worksheet B – Meals & Incidental Expenses (CONUS & OCONUS)
- ❖ Worksheet C – Lodging Expenses
- ❖ Worksheet D – Ground Transportation Expenses
- ❑ Statement of Completed Travel – SPO-031
- ❖ Related receipts

Department Head approval for out-of-state travel
Department Designee approval for intra-state travel

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TRAVEL ADVANCES

- Hotel/Lodging
- Meals & Incidentals
- Ground Transportation

Submit no more than 14 days, but no less than 5 days prior to travel commencement.

Must be accompanied by written confirmation with detailed expenditures

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TRAVEL APPROVAL FORM (TAF)

1. Travel Designation
2. Traveler Information
3. Event Information
4. Cost Information
5. Signatures of Traveler* and Approving Authorities

***Checking the box acknowledges the traveler will be reimbursed, for any expenses not expensed, with the submission of the Statement of Completed Travel**

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TAF EXAMPLE

TRAVEL APPROVAL FORM

Check One:	OCONUS (Foreign or Alaska):		CONUS (Contiguous 48 States):	x
	Intra-state Same Day:		Intra-state Overnight Travel:	

Name of Traveler: Suzy Q **Phone:** 808-555-5555
Position/Title: Chief Candy Maker **Bargaining Unit:** 13
Dept./ Div. / Office: Department of Confectionary
Contact Person: Jane Doe **Phone:** 808-555-5550
E-mail Address: jane.a.doe@candy.gov
Justification: (Attach additional sheets if necessary including conference/meeting agenda and training) Attend the National Confectionary Traning in Boston, MA. Agenda attahced
Date & Time Event Begins: 9/14/2026 8:00am **Date & Time Event Ends:** 9/17/26 4:30PM
(Indicate time employee needs to be at destination including any preconference meetings, etc.)
Location(s) of Event: Boston, MA

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AIRFARE AND BAGGAGE REQUIREMENTS (WORKSHEET A)

Travel Booking Guidelines

Employees must prioritize economy class travel unless medical or accessibility needs are documented.

Airfare Quote Requirements

Obtain at least two comparable airfare quotes for intra-state and out-of-state travel to ensure cost-effectiveness.

Baggage Expense Limits

Baggage expenses are limited to one checked bag unless justified, and personal deviations must be self-funded.

Compliance and Justifications

Written justifications are required if the chosen itinerary is not the lowest cost, ensuring policy compliance.

Payment – pCard shall be used for all authorized travel

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WORKSHEET A (OUT-OF-STATE)

COMPUTATION OF AIRFARE AND BAGGAGE EXPENSES

WORKSHEET A **(Obtain a minimum of two quotes on the same day. Attach additional sheet if needed)**

Check One: **INTRA-STATE** (VL Contract No. 23-09): ______ **Out-of State:** x

Itinerary 1 **Vendor:** Expedia **Authorized Itinerary:** ______

Airfare Quote: $1,040.89 **Baggage fee:** $ 100.00 **Date of Quote:** 06/07/26

DATE	AIRLINE	FROM	TO	DEPT TIME	ARR TIME
09/12/26	AS900	HNL	SEA	11:30PM	8:13AM
09/13/26	AS306	SEA	BOS	10:19AM	6:56PM
09/18/26	AA2141	Bos	LAX	10:30AM	1:51PM
09/18/26	AA143	LAX	HNL	2:54PM	5:41PM

Itinerary 2 **Vendor:** United Airlines **Authorized Itinerary:** ______

Airfare Quote: $ 899.79 **Baggage fee:** $ 100.00 **Date of Quote:** 06/07/26

DATE	AIRLINE	FROM	TO	DEPT TIME	ARR TIME
09/12/26	UA252	HNL	IAH	8:00PM	8:37AM
09/13/26	UA2393	IAH	BOS	9:35AM	2:39PM
09/18/26	UA360	BOS	LAX	8:00AM	11:14AM
09/18/26	UA1431	LAX	HNL	1:15PM	4:11PM

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WORKSHEET A (OUT-OF-STATE)

Itinerary 3 **Vendor:** ______ **Authorized Itinerary:** ______

Airfare Quote: ______ **Baggage fee:** ______ **Date of Quote:** ______

DATE	AIRLINE	FROM	TO	DEPT TIME	ARR TIME

Justification for Non-Lowest Fare: (attach a separate sheet if more space is necessary)

Worksheet A Total:

Traveler: ______ Date: ______

Preparer: ______

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ALLOWANCES AND REIMBURSEMENTS

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PER DIEM, MEALS & INCIDENTAL EXPENSES (WORKSHEET B)

Federal Per Diem Rates

Per diem allowances rely on federal rates from GSA for CONUS and Department of Defense for OCONUS travel locations.

Fractional Day Calculations

Worksheet B guides travelers to compute partial-day allowances based on departure and return times for fair reimbursement.

Meal and Incidental Adjustments

Adjustments are made when meals are provided at no cost; incidental expenses remain unaffected as per guidelines.

Documentation and Compliance

All calculations and allowances are documented to ensure compliance with federal travel regulations and fairness.

https://www.gsa.gov/travel/plan-book/per-diem-rates

https://www.travel.dod.mil/Travel-Transportation-Rates/Per-Diem/Per-Diem-Rate-Lookup/

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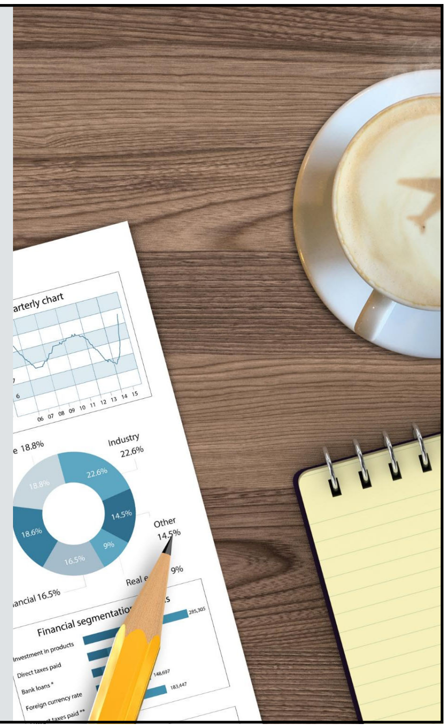

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SAME DAY TRAVEL

D. Same Day Travel	$30 per Day	x	1	Days	$	30.00
				Total D	$	30.00

Worksheet B-OCONUS Grand Total: $ 30.00

Traveler: Suzy Q   Date: 06/07/26

Preparer: Jane Doe

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LODGING EXPENSES (WORKSHEET C)

Documentation Requirements

Travelers must obtain two hotel quotes and record check-in, check-out dates, room rates, taxes, and fees for lodging expenses (except conference hotels).

Federal Lodging Maximums

Federal lodging maximums serve as benchmarks to determine if excess lodging costs apply and require written justification.

Reimbursement Eligibility

Lodging provided at no personal cost, such as stays with family or friends, is not eligible for reimbursement.

Audit and Budget Compliance

Accurate and comparable records ensure compliance with auditing and budgeting for both intra- and out-of-state travel lodging.

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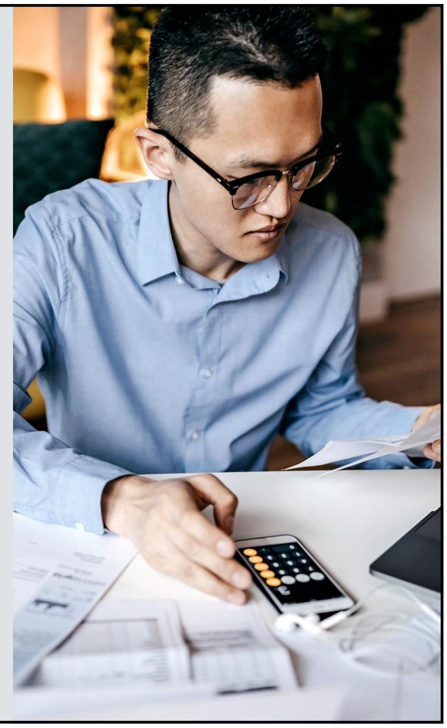

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COMPUTATION OF LODGING EXPENSES

WORKSHEET C ***(Minimum of two quotes required)***

Check One:
- [ ] **HAWAII, ALASKA, AND FOREIGN COUNTRIES (OCONUS)** — Click here to look up OCONUS Rates
- [x] **48 CONTIGUOUS STATES & DISTRICT OF COLUMBIA (CONUS)** — Click here to look up CONUS rates

PLEASE ATTACH A SCREENSHOT OF THE APPLICABLE RATES FROM THE LINKS ABOVE.

Destination: Boston, MA **Select if conference hotel used:** ☐

Check In Date: 09/13/26 **Check Out Date:** 09/18/26

Example of excess lodging calculations:

	Hilo, HI	Boston MA
Actual hotel costs (Incl. taxes & fees)	$242.54	$273.00
- Federal Maximum Lodging	$199.00	$349.00
= Excess lodging per night	$43.54	$0.00
* Number of nights	2	2
= Total excess lodging	$87.08	$0.00

Note: If the rate changes during your stay, use the higher rate for calculation

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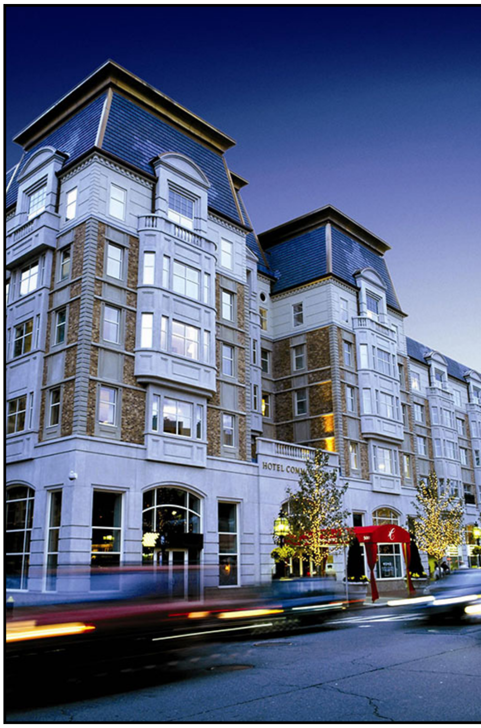

COMPUTATION OF LODGING EXPENSES

Selected Hotel	Name of Hotel	Number of Nights	Hotel Rate (per day, incl. taxes & fees)	Total Hotel Rate	Federal Max Lodging (Per Night)	Total Federal Max Lodging	Total Excess Lodging
	Residence Inn By Marriott	5	$224.00	$1,120.00	$349.00	$1,745.00	$0.00
	Hyatt Regency Boston		$549.00	$2,745.00			$1,000.00
				$0.00			$0.00

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

Traveler: Suzy Q   Date: 6/7/2026

Preparer: Jane Doe

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TRANSPORTATION AND REQUIRED FORMS

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GROUND TRANSPORTATION (WORKSHEET D)

Scope of Worksheet D

Worksheet D tracks expenses for car rentals, rideshares, taxis, shuttles, buses, and parking for ground transportation.

Intra-State Rental Rules

Intra-state travel uses statewide rental contracts with compact cars as standard unless larger cars are justified.

Insurance and Reimbursement

State self-insures; only LDW, CDW, and PDW insurances are reimbursable and optional insurance is personal expense.

Out-of-State Rental Requirements

For out-of-state rentals, travelers must compare two quotes and rent only if no cheaper transportation is available.

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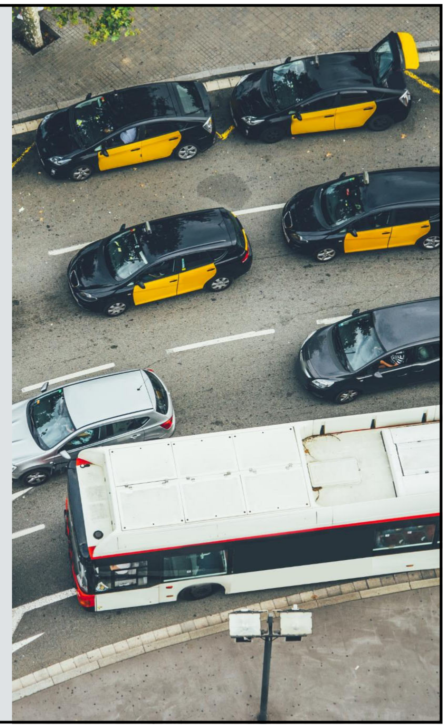

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COMPUTATION OF GROUND TRANSPORTATION EXPENSES
WORKSHEET D

CAR RENTAL

Note: Employee should use hotel/airport shuttle whenever possible.

Pick up Location: Hilo Airport **Drop off Location:** Hilo Airport

Pick up Date 09/14/26 **Drop off Date:** 09/17/26

Intra-State Car Rental

Note: Refer to PL Contract No. 25-04 (or as amended)

Selected Quote	Vendor	Car Size	Car Rate (from PL)	Rental Period Units	Rental Period Qty	Total Cost
x	Enterprise	Compact	$ 77.00	Daily	2	$ 154.00
						$ -
						$ -

Out-of-State Car Rental

Note: Minimum 2 quotes required from two different sources

Selected Quote	Vendor	Car Size	Car Rate	Rental Period	Number of Days	Total Cost
				DAILY		$ -
				RATES		$ -
				ONLY		$ -

Total Rental Car Cost: $ 154.00

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OTHER GROUND TRANSPORTATION COSTS

OTHER GROUND TRANSPORTATION COSTS

Description	Cost
Taxi or Ride Share	
Airport or Hotel Shuttle	
Parking	$ 100.00
Other (I.E. Subway, Bus, Rail, Metro)	
Total Cost for Other Ground Transportation	$ 100.00

Total Worksheet D Cost $ 254.00

Traveler: Suzy Q   Date: 6/7/2026

Preparer: Jane Doe

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TRAVEL APPROVAL FORM AND COMPLETED TRAVEL STATEMENT

Travel Approval Process

The Travel Approval Form collects estimated costs, travel justification, itinerary details, and necessary approvals before booking travel.

Form Amendments

Amendments to the Travel Approval Form are required if travel destination, dates, or purpose change after initial approval.

Completed Travel Statement

Travelers must submit the Statement of Completed Travel within ten working days, attaching receipts and proof of expenses for reimbursement.

Financial Accountability

These forms ensure verification of expenses, reimbursement calculations, repayment of advances, and compliance with fiscal policies.

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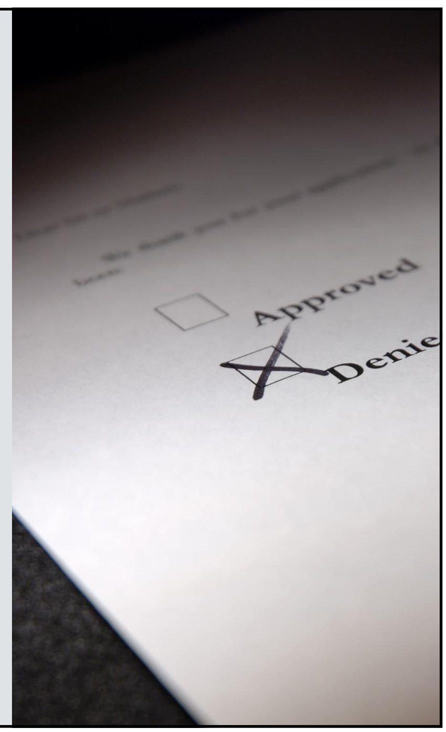

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TRAVEL APPROVAL FORM

COST INFORMATION

Worksheet A:	Airfare/Baggage Expenses	$999.79
Worksheet B:	Meals & Incidental Expenses	$318.00
Worksheet C:	Lodging Expenses	$1,120.00
	Excess Lodging	$0.00
Worksheet D:	Ground Transportation Expenses	$125.00
Other Expenses (registration fee, training, materials, etc.)		$500.00
Describe Other Expenses:		
	TOTAL	$3,062.79
Program ID:	**Appropriation Symbol:**	

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TRAVEL APPROVAL FORM

Suzy Q 6/15/2026
Traveler Signature Date

Suzy Q
Traveler Name

Requesting Authority Signature Date

Approving Authority Signature Date

☑ *By checking this box, the employee affirmatively agrees to personally fund travel costs in lieu of a travel advance, with the understanding that they will be reimbursed following the submission of a Statement of Completed Travel.*

Requesting Authority Name

Requesting Authority Title

Approving Authority Name

Approving AuthorityTitle

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STATEMENT OF COMPLETED TRAVEL

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TRAVEL EXPENSES

AIRFARE COSTS

MEALS & INCIDENTALS

LODGING EXPENSES

GROUND TRANSPORTATION EXPENSES

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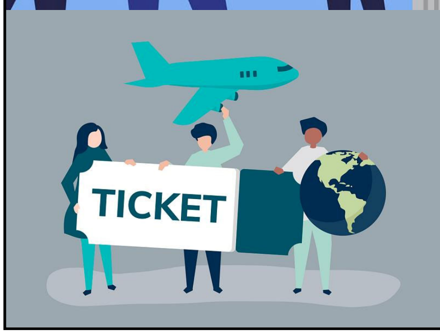

TRAVEL RELATED INFORMATION

(HAR) 3-10-13(b)(3)(A) Mileage Reimbursement when using a personal car

HGEA Settlement Agreement – Travel Time Off

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CONTACT INFORMATION

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