
 <p>HAWAII HEALTH SYSTEMS CORPORATION "Quality Healthcare for All"</p> <p>PROCEDURE</p>	<p>Department: Office of the President</p>	<p>Procedure No.: ADM 0005B</p>
	<p>Issued by: President & CEO</p>	<p>Revision No.: 6</p>
<p>Subject:</p> <p><i>Travel by Employees (Intra-Island, Inter-Island and Out-of-State)</i></p>	<p>Approved by:</p>  <p>By: Alice M. Hall Acting President & CEO</p>	<p>Effective Date: November 21, 2013</p>
		<p>Supersedes Policy: April 14, 2011</p> <p>Page: 1 of 7</p>

Last Review: 9/12/13; Next Review: 9/12/16

I. **PURPOSE:** This procedure defines the process for approval and management of business-related intra-island, inter-island, and out-of-state travel by HHSC employees and travel that is sponsored, gifted, or paid by a vendor or agency. This procedure takes into consideration the fact that the regions and corporate office are not required to follow the same procurement rules and have different vendor contracts for some travel services.

II. **DEFINITIONS:** For purposes of this procedure, "travel" refers to business-related intra-island, inter-island and out-of-state travel by all HHSC employees, as well as business-related intra-island, inter-island and out-of-state travel sponsored, gifted, or paid by a vendor or agency. "P-Cards" refers to credit cards procured via the DAGS p-card policies and procedures, which are issued by First Hawaiian Bank thru DAGS (not company credit cards).

III. **TRAVEL PRE-APPROVAL PROCEDURE:**

A. REGIONAL EMPLOYEES ONLY

1. **Attachment 1 (Request for Approval–Inter-Island Travel)** shall be used by all regional employees to obtain and document pre-approval of **inter-island travel** from the responsible supervisor/designee.
2. **Attachment 2 (Request for Approval – Out-of-State Travel)** shall be used by all regional employees to obtain and document pre-approval of **travel outside Hawaii** from the responsible supervisor/designee.

At a minimum, the employee shall provide the following information on Attachment 2:

- Name and position (including name of facility);
- Destination;
- Dates of anticipated travel;
- Details of anticipated reimbursable costs;
- Justification for the travel; and
- Description of other reimbursed trips taken by the employee during the current and preceding fiscal years.

The employee shall submit Attachment 2 **not less than three weeks (3) prior to travel**. More lead time is highly preferable. Emergency requests with less than three weeks' notice will be addressed on a case-by-case basis. **Under no circumstances should any financial commitments for tickets, hotel, registration or other costs be made prior to receipt of full pre-approval, as the request may not be approved.**

B. CORPORATE OFFICE EMPLOYEES ONLY

1. **Attachment 3 (Travel Approval Form)** shall be used by all Corporate Office employees to obtain and document pre-approval of **inter-island travel and out-of-state travel** from the responsible supervisor/designee. All necessary documentation and worksheets verifying travel costs should be attached to this form.
2. The employee shall submit Attachment 3 **not less than three weeks (3) prior to travel**. More lead time is highly preferable. Emergency requests with less than three weeks' notice will be addressed on a case-by-case basis. **Under no circumstances should any financial commitments for tickets, hotel, registration or other costs be made prior to receipt of full pre-approval, as the request may not be approved.**

IV. AIR RESERVATIONS PROCEDURE:

- A. It is recommended that regional staff document at least two quotes for out-of-state travel. Corporate employees must obtain at least 2 quotes and document them on **Attachment 4 (SPO Form 4 – Worksheet A, airfare & Baggage Fees)**. Employees have the responsibility to utilize vendors that offer competitive pricing and good customer service. The vendor chosen shall be selected based on the most economical rate, unless otherwise justified and documented.
- B. Reservations for airline tickets may be made through various sources such as internet, direct with airlines, on-line travel providers, and traditional travel agencies who can offer competitive rates on an as needed basis. Staff may take advantage of any air specials or web rates that are most economical. A company credit card or P-card may be used for authorized inter-state and out-of-state airline tickets and the employee is responsible for any additional cost due to deviations/personal preferences.
- C. Non-refundable coach class fares must be booked unless the RCEO/PCEO determines that a more expensive flight is acceptable. The least expensive, direct route should be utilized, keeping in mind a limited number of stops may be considered. Justification for a higher priced ticket shall be submitted to the RCEO/PCEO for approval prior to booking.
- D. All government-related inter-island travel for HHSC purposes should be done by a designated person using that region's corporate airline account, if there is one, or, the State Procurement Office Interisland Airline Price Agreement. Hawaiian Airlines, Inc. and Mesa Airlines (dba GO!) are the current vendors available to HHSC corporate staff for inter-island air reservations, but any vendor with a contract on the State bid list may be used. This will ensure that all mileage and frequent flyer credits will be used towards HHSC related travel. Additionally, travel booked through a region's corporate airline account and the State bid list

contracts allows the employee maximum flexibility in making reservation changes, if necessary.

- E. Frequent flyer miles earned on HHSC travel should be used for future HHSC travel, where possible. If the miles for travel cannot be used for HHSC related travel, the employee may use them for personal travel.

V. LODGING PROCEDURE:

- A. Out-of-state and inter-state hotel accommodations are exempt from competition. Regional employees are encouraged to obtain a minimum of two quotes from two different sources. Corporate employees must obtain a minimum of two quotes from two different sources and document the quotes on **Attachment 5 (SPO Worksheet C)**. Hotel reservations may be made through various sources such as internet, direct with the hotel, on-line travel providers, and traditional travel agencies who can offer competitive rates on an as-needed basis. Staff may take advantage of any hotel specials or web rates that are most economical. The vendor chosen will be selected based on the most economical rate. Corporate staff must justify utilizing the higher quote on Worksheet C.
- B. If a conference or event is being held at a particular hotel, employees may stay at this hotel as special group pricing is usually available. However, employees may also choose to stay at a more economically-priced hotel, if they wish.
- C. The P-Card may **not be** used for hotel accommodations. Staff need to use their personal credit cards. If the region has a corporate credit card, it may be used for hotel accommodations for regional employees, at the discretion of regional management.
- D. "Excess lodging" is the difference between the actual daily costs (including all mandatory taxes/fees) and the applicable allowance, multiplied by the number of days.

VI. TRANSPORTATION PROCEDURE:

- A. Refer to the current IRS mileage rates when computing the value of business use of an automobile. Staff can claim mileage reimbursement where appropriate and fill out the mileage reimbursement form.
- B. Computation of mileage:
 - 1) If the employee is authorized to travel *outside of the employee's normal working day* directly from home to a job site, or from home to a transportation terminal, rather than to go first to the employee's office, the employee may be reimbursed for miles between home and job site or transportation terminal which are in excess of the miles normally traveled between home and employee's office.
 - 2) No employee will be allowed mileage for traveling directly between home and a job site or transportation terminal if the miles traveled are less than the miles normally traveled between home and the regular job site.
 - 3) If the travel occurs *during the employee's normal working day* at a time the employee usually commutes to or from work, such mileage reimbursement is allowed only for miles that are in addition to the usual commuting trip.

- 4) If such travel is due to *overtime work*, such mileage reimbursement is allowed only for miles that are in addition to one roundtrip between home and the regular job site.
- C. Car rentals for **out-of-state** transportation should be used only when necessary and authorized, **not for convenience only**. Employees should use airport and/or hotel shuttles whenever possible. The following criteria applies:
- Minimum two quotes required;
 - P-Card may **not be** used;
 - HHSC carries insurance for rental cars so employees do not need to buy the collision damage waiver.

D. **Corporate Employees Only:**

1. **Inter-State** car rental services **must** be reserved by utilizing the State Procurement Office (SPO) Commercial Car Rental Services Price List Agreement 12-14 and documented on **Attachment 6 (Worksheet D, Ground Transportation)**. Exceptions to the price list may be granted when the price list contract does not meet the needs of HHSC and the PCEO has approved the exception. Such approval must be made prior to purchase and documented on Attachment 6.
2. Reservations for **inter-state** car rentals can either be made by telephone or online at www.hawaii.statecars.com. The online site is prepopulated with the State's contracted rates and P-Card information is required when making reservations. A booking number will be provided at the time the reservation is made and a confirmation number will be sent to the employee's email address provided in the reservation request. The following criteria applies:
 - Driver need not be the P-Card holder
 - Employee must have a valid driver's license
 - Compact car, unless justified/authorized for larger car size
 - Gas is included in the price so the employee need not fill up the tank prior to returning the car
 - Insurance not reimbursable
 - Employee is personally responsible for deviations (upgrades, OT, extensions, etc.)
 - State is self-insured
 - Report any accidents/incidents to Risk Management immediately
3. The P-Card shall be used on an as-needed basis and can only be used for **inter-state** car rentals, if available. The P-Card is required when making reservations; however, the P-Card will not be charged until the vehicle is returned at the closing of the approved rental period. **Employees are required to use a personal credit card for out-of-state car rentals.**

E. **Regional Employees Only:**

1. The corporation has entered into car rental agreements to afford the regions with the best prices and availability in needed locations. Those contracts should be used, where applicable, when renting a car.
2. If a contracted car rental is not available in the vicinity where the employee is traveling, employees are encouraged to rent vehicles at the best price available.

VII. PER DIEM PROCEDURE:

- A. Per Diem allowance is intended to cover meals, lodging, tips, laundry and other expenses. **(Corporate employees shall complete Attachment 9, Worksheet B, computation of Per Diem and Meal Allowance).**
- B. Employees shall refer to their respective bargaining unit agreements for specific per diem amounts.
- C. Exempt employees shall follow the HGEA BU 13 contract, Article 45 – Travel.
- D. The per diem meal allowance for same day travel was reinstated for exempt/excluded employees (see **Attachment 7 - Administrative Directive No. 12-02**, dated March 15, 2012).
- E. The per diem allowance is inclusive of meals, so it should be adjusted when meals are provided at no cost to the employee (see Hawaii Administrative Rules §3-10-10, Travel Allowances). However, the per diem allowance should not be adjusted when meals are included in conference programs (see **Attachment 8 – Comptroller’s Memo No. 2012-15**, dated August 23, 2012 for the definition of a “conference program”).
- F. Advanced per diem can be requested, if available, for inter-island and out-of-state travel; however, it will not include excess lodging.

VIII. TRAVEL EXPENSE REIMBURSEMENT PROCEDURE:

- A. All requests for reimbursement of travel expenses shall be made on **Attachment 10 (Statement of Completed Travel [for regional employees])** and on **Attachment 11 (Statement of Completed Travel [for corporate employees])**. All documentation and receipts should be attached to these forms. Corporate office employees are required to submit boarding passes as proof of travel with the Statement of Completed Travel (Attachment 11).
- B. Generally, per diem and reimbursable expenses for approved travel shall be paid by the respective employing region, or in the case of a corporate office employee, by the corporate office. However, if a facility requests that an employee of another region or the corporate office travel to its facility, the requesting facility shall pay associated travel expenses and per diem.
- C. Personal preferences are any deviation from authorized business travel. It includes, but is not limited to, personal preferences for airlines, routing, stopovers, hotels, car type and size, and dates of travel. **The employee is responsible for any additional cost due to personal preferences or deviations.**
- D. Travel Time Off for Same day Travel is the result of an agreement with the Hawaii Government Employees Association (HGEA), dated 9/2000, on behalf of the employees in Bargaining Units 2, 3, 4, 9, and 13 and the State (**Attachment 12 – Travel Time Form [Same-Day Travel Only]**). It compensates employees who are required to work outside their normal business hours.
- E. Additional reimbursement for miscellaneous business-related expenses may be obtained with proof of purchase (receipts) and submitted with the Statements of Completed Travel (**Attachments 10 & 11**). Specific allowable (and non-allowable) expenses include the following:

- With approval: Telephone
 Hosting Business Meetings
 Excess Meal expenses where a business purpose
 required expenditure
 Internet access fee
 Fax fee
 Parking
 Excess lodging charges
 Baggage fee for one bag
 Shuttle/Taxi Costs
 Registration fees
 Airfare change fees
 Other business-related expenses

- Not allowed: Alcoholic Beverages
 Movies or entertainment expenses
 Other tips (Meal tips are included in the per diem; other
 tips are not reimbursable, i.e., for porters, cabs,
 shuttle, etc.)
 Other business-related expenses not pre-approved.

F. Employees may opt to waive any of the above miscellaneous expenses.

IX. VENDOR TRAVEL EXPENSE REIMBURSEMENT

- A. Vendors may only be reimbursed for allowable, pre-approved travel expenses associated with contracted services in accordance with the applicable section of the HHSC General Terms & Conditions, unless other allowable rates and procedures are agreed to in the contract. Whenever possible, vendors should be encouraged to adhere to State approved reimbursement rates.

- B. When staff travels and any part is sponsored, gifted, or paid by a vendor or agency, staff should contact their Regional Compliance Officer or Chief Compliance & Privacy Officer and the State Ethics Commission website (www.hawaii.gov/ethics) for further information.

X. APPLICABILITY:

- A. All HHSC employees, as indicated.

- B. **Corporate Staff** - for further information and copies of forms pertinent to travel, please refer to the following State Procurement Office website:

<http://hawaii.gov/spo/state-county-personnel-manual/travel-services/travel-services>

- C. If there is a conflict between this procedure and an applicable collective bargaining agreement, the collective bargaining agreement shall control.

XI. AUTHORITY:

- A. HGEA & UPW Bargaining Unit Agreements; Haw. Rev. Stat. Ch. 323F; Hawaii Admin. Rules Ch. 3-10; Department of Accounting and General Services - Comptroller's Memoranda; and State Procurement Office Administrative Directives; HRS103D Procurement Code.

XII. ATTACHMENTS:

- Attachment 1 - Request for Approval–Inter-Island Travel
www.hhsc.org/ADM-0005B-Att01
- Attachment 2 - Request for Approval–Out-of-State Travel
www.hhsc.org/ADM-0005B-Att02
- Attachment 3 – Travel Approval Form, SPO Form 30 (Rev 7/24/08)
www.hhsc.org/ADM-0005B-Att03
- Attachment 4 – Worksheet A, Airfare and Baggage Fees, SPO Form 30 (Rev 7/23/08)
www.hhsc.org/ADM-0005B-Att04
- Attachment 5 – Worksheet C, Hotel Accommodations, SPO Form 30 (8/9/07)
www.hhsc.org/ADM-0005B-Att05
- Attachment 6 – Worksheet D, Ground Transportation, SPO Form 30 (Rev 7/23/08)
www.hhsc.org/ADM-0005B-Att06
- Attachment 7 – Administrative Directive No. 12-02, dated 3/15/12
www.hhsc.org/ADM-0005B-Att07
- Attachment 8 – Comptroller's Memo No. 2012-15, dated 8/23/12
www.hhsc.org/ADM-0005B-Att08
- Attachment 9 – Worksheet B, Computation of Per Diem and Meal Allowance, SPO Form 30, (Rev 8/9/07)
www.hhsc.org/ADM-0005B-Att09
- Attachment 10 – Statement of Completed Travel
www.hhsc.org/ADM-0005B-Att10
- Attachment 11 – Statement of Completed Travel
www.hhsc.org/ADM-0005B-Att11
- Attachment 12 – Travel Time Form (Same Day Travel Only)
www.hhsc.org/ADM-0005B-Att12

TO: _____

DATE: _____

FROM: _____

Request Approval for the following inter-island travel:

1. **DATE(S) OF TRAVEL** a. _____

b. _____

c. _____

2. **DESTINATION(S)** a. _____

b. _____

c. _____

3. **PURPOSE(S)** a. _____

b. _____

c. _____

4. **ESTIMATED COST(S)** a. \$ _____

b. \$ _____

c. \$ _____

d. \$ _____


Approved

Denied

Let's Discuss

Signed: _____

Date: _____

 HAWAII HEALTH SYSTEMS C O R P O R A T I O N <i>"Quality Healthcare for All"</i>	Date:
	Facility:
Request for Approval - Out of State Travel	
Name:	Position:
Destination:	Travel Dates:
Anticipated Reimbursable Costs	
Airfare	
Registration Fee(s)	
Ground Transportation	
Per Diem:	
Excess Lodging	
Total	\$0.00
Justification for Travel (include copy of conference brochure, training/meeting announcement, etc.): <input type="checkbox"/>	
Prior Reimbursed Out-of-State Travel (<i>Current and Past Fiscal Year</i>):	
Executive Management Team Approval:	Date:
RCEO or Board Chair Approval:	Date:

TRAVEL APPROVAL FORM

Check One: _____ Inter-Island _____ 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	_____
Other Expenses (registration fee, training material, parking, etc.)	_____
Describe: _____	_____
TOTAL:	_____ \$0.00

Requesting Authority Signature

Approving Authority Signature

Requesting Authority Name/Title (Print) Date

Approving Authority Name/Title (Print) Date

**WORKSHEET A
 AIRFARE AND BAGGAGE FEES**

INTRA-STATE TRAVEL (minimum one quote required)

Vendor: _____

Airfare Quote: _____ **Baggage Fee:** _____ **Date of Quote:** _____

DATE	FROM	TO	EST. DEPT. TIME	EST. ARR. TIME

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

Itinerary 1 Vendor: _____

Selected Itinerary

Airfare Quote: _____ **Baggage Fee:** _____ **Date of Quote:** _____

DATE	FROM	TO	EST. DEPT. TIME	EST. ARR. TIME

Itinerary 2 Vendor: _____

Selected Itinerary

Airfare Quote: _____ **Baggage Fee:** _____ **Date of Quote:** _____

DATE	FROM	TO	EST. DEPT. TIME	EST. ARR. TIME

Itinerary 3 Vendor: _____

Selected Itinerary

Airfare Quote: _____ **Baggage Fee:** _____ **Date of Quote:** _____

DATE	FROM	TO	EST. DEPT. 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:

Traveler _____ Prepared by: _____ Date: _____

**WORKSHEET C
HOTEL ACCOMMODATIONS**

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 Rate	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:			

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

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

**Example of excess lodging calculations:

	Out-of-State Hotel Allowance - \$85.00	Intra-State Hotel Allowance - \$50.00
Actual hotel costs (incl. taxes)	\$194.87	\$83.50
Hotel allowance	(\$85.00)	(\$50.00)
Excess lodging per night	<u>\$109.87</u>	<u>\$33.50</u>
Number of nights	x 2	x 2
Total excess lodging due	<u>\$219.74</u>	<u>\$67.00</u>

Traveler: _____ Prepared by: _____ Date: _____

**WORKSHEET D
 GROUND TRANSPORTATION**

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)

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- or out-of-state travel):

OTHER GROUND TRANSPORTATION COSTS

	Description	Cost
<input type="checkbox"/>	Taxi	
<input type="checkbox"/>	Airport/Hotel Shuttle	
<input type="checkbox"/>	Parking	
<input type="checkbox"/>	Other (i.e., subway, bus, rail, metro, etc.)	Specify: _____
Total Estimated Cost		

Traveler: _____ Prepared by: _____ Date: _____



NEIL ABERCROMBIE
GOVERNOR

EXECUTIVE CHAMBERS
HONOLULU

March 15, 2012

ADMINISTRATIVE DIRECTIVE NO. 12-02

TO: All Department Heads
SUBJECT: Travel and Per Diem

Discussion:

This Administrative Directive supersedes Administrative Directive No. 95-01, Travel and Per Diem, dated May 26, 1995. This Administrative Directive permits same day travel per diem for cabinet officials and excluded exempt employees appointed by cabinet officials.

Administrative Directive No. 95-01, was implemented in consideration of the dire fiscal condition for State government operations. Note that since the implementation of 95-01, collective bargaining agreements and associated employees have not been under the same restriction and therefore the extent of fiscal savings that have been derived from 95-01 – while meaningful – has been rendered less significant considering that the majority of these type expenses are attributable to a larger proportion of the workforce, namely, general employees.

The State's current financial situation is improving. There have been two significant economic down cycles since the implementation of 95-01. In light of the State's current improving financial and fiscal condition, and in the interest of maintaining a level of operational equity across all employees of the State of Hawaii, per diem for same day travel is re-instated for the duration of this directive.

Policy:

Effective April 1, 2012, per diem payments shall be authorized for same day travel for all cabinet officials and excluded exempt employees appointed by them.

Consistent with the current standing collective bargaining contract for state employees, per diem payments will be reinstated at the current compensation rate of \$20.00 per day.

A handwritten signature in black ink that reads "Neil Abercrombie".

NEIL ABERCROMBIE
Governor, State of Hawai'i

NEIL ABERCROMBIE
GOVERNOR



DEAN H. SEKI
COMPTROLLER


DEAN H. SEKI
COMPTROLLER

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
P.O. BOX 119, HONOLULU, HAWAII 96810-0119

AUG 23 2012

COMPTROLLER'S MEMORANDUM NO. 2012-15

TO: Department Heads

FROM: Dean H. Seki, Comptroller 

SUBJECT: Adjustment of Per Diem for Meals Included in Conference Program

The Comptroller has been requested by the Hawaii Government Employees Association to review the practice of certain departments who currently adjust an employee's per diem allowance for meals included in programs that are not specifically designated as "conference programs".

Based on the Department of Accounting and General Services' review and as allowed by §3-10-14, Exemptions and rulings by the comptroller, programs meeting both of the following criteria shall be accepted as a "conference program".

1. Must be sponsored by a governmental agency or an organization whose functions are directly related to the State's department or agency functions; and
2. Must be supported by published program that includes dates and agendas.

If there are any questions, please call Wayne Horie, Accounting Division Chief, at 586-0600 or Sheila Walters, Pre-Audit Branch Chief, at 586 0650.

Air Travel:	Date	Airlines Flight	Departs	Arrives	
Kona -Oahu					
Oahu-Kauai					
Kauai-Maui					
Maui-Kona					
		Difference in Fares			\$ -
		Change Fee for			\$ -
Air Travel Total:					\$ -

Per Diem				
	Air Travel Computation	Quarters	\$	-
	1 Quarter = \$22.50 (inter island)			
	1 Quarter = \$36.25 (out of state)			
Per Diem Total:				\$ -

Other Allowable Expenses:				
	Conference		\$	-
	Hosted Luncheons -			
	Parking			
	Parking at Hotel		\$	-
	Telephone		\$	-
	Hotel	Nights		
	Rent-a-Car	Day		
Allowable Expenses Total:				\$ -

Total Cost of Trip:	\$ -
----------------------------	-------------

Less Expenditures Charged or Prepaid by Company:					\$ -
	Airfare		\$	-	
	Change Fee(s)		\$	-	
	Hotel		\$	-	
	Rental Car	Days	\$	-	
	Conference		\$	-	
	Breakfast (\$8 - intra-state/\$10 - out-of-state)		\$	-	
	Lunch (\$12 - intra-state/\$20 - out-of-state)		\$	-	
	Dinner (\$20 - intra-state/\$30 - out-of-state)		\$	-	

Due Employee:	\$ -
----------------------	-------------

Comments:

NOTE: If your meals were provided, do not charge HHSC for them (except if meals are included in conference programs, then you do not need to adjust the per diem).

Air Travel:					
	Date	Air Flight	Departs	Arrives	
Kona -Oahu	11/01/06	Hav HA107	6:28am	7:08am	\$ 54.80
Oahu-Kauai	11/01/06	Hav HA123	7:27am	8:04am	\$ 44.80
Kauai-Maui	11/01/06	Hav HA240	5:50pm	7:27pm	\$ 84.90
Maui-Kona	11/02/06	Hav HA318	6:25pm	7:45pm	\$ 114.00
		Difference in Fares			\$ -
		Change Fee for			\$ -
Air Travel Total:					\$ 298.50

Per Diem	
Air Travel Comput	7 Quarters \$ 140.00
1 Quarter = \$20.00	
Per Diem Total:	
\$ 140.00	

Other Allowable Expenses:	
Conference	\$ -
Hosted Luncheons -	\$ 67.60
Parking at KOA Airport	\$ 14.00
Parking Hotel	\$ -
Telephone	\$ -
Hotel 1 Nights	\$ 85.00
(\$135 less \$50.00 Lodging Expense per Night)	
(\$85.00 Excess Lodging per Night)	
Avis Rent-a-Car 1 Day	\$ 47.85
Allowable Expenses Total:	
\$ 214.45	

Total Cost of Trip:	\$ 652.95
----------------------------	------------------

Less Expenditures Charged or Prepaid by Company:		\$ 346.35
Airfare	\$ 298.50	
Change Fee(s)	\$ -	
Hotel	\$ -	
Rental Car Days	\$ 47.85	
Conference	\$ -	
Breakfast (\$8 - intra-state/\$10 - out-of-state)	\$ -	
Lunch (\$12 - intra-state/\$20 - out-of-state)	\$ -	
Dinner (\$20 - intra-state/\$30 - out-of-state)	\$ -	

Due Employee:	\$ 306.60
----------------------	------------------

Comments:

NOTE: If your meals were provided, do not charge HHSC for them (except if meals are included in conference programs, then you do not need to adjust the per diem).

Statement of Completed Travel Hawaii Health Systems Corporation

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

Division / Branch : _____ 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)

<u>Depart Day</u>	<u>Full Days</u>	<u>Return Day</u>	<u>Total Days</u>	<u>Rate</u>			
_____	+ _____	+ _____	= _____	X _____	=	\$	_____
_____	+ _____	+ _____	= _____	X _____	=	\$	_____
Computation of Travel Allowance (same day travel)						=	\$ _____

B. Computation of Meal Allowance when lodging provided at no cost to employee:

Travel from 3:00 am - 9:00 am	\$8 (intra-state)/\$10 (out of state)	_____ Breakfast	\$ _____
Travel after 9:00 am - 3:00 pm	\$12 (intra-state)/\$20 (out of state)	_____ Lunch	\$ _____
Travel after 3:00 pm - before 3:00 am	\$20 (intra-state)/\$30 (out of state)	_____ Dinner	\$ _____

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

Number of meals furnished:	\$8 (intra-state)/\$10 (out of state)	_____ Breakfast	\$ (_____)
	\$12 (intra-state)/\$20 (out of state)	_____ Lunch	\$ (_____)
	\$20 (intra-state)/\$30 (out of state)	_____ Dinner	\$ (_____)

D. Other allowable expense (Itemize and attach receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

E. TOTAL CLAIM: _____ \$ _____

F. DEDUCT from TOTAL CLAIM any Advance Per Diem
HHSC Check # _____ Dated: _____ \$ (_____)

G. TOTAL DUE TO EMPLOYEE OR STATE _____ \$ _____

Submitted by: _____ Signature Approved by: _____

_____ Date _____ Typed Name _____ Date _____ Title _____

_____ BU# _____ Social Security # (last four)

**TRAVEL TIME FORM
(Same Day Travel Only)**

Name of Traveler: _____

Date of Travel: _____

Travel Time(s)* From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

*Travel time is time spent on work-related travel, which occurs outside of the employee's working hours.

Unconverted Total Travel Time: _____ Hours _____ Minutes

Converted Total Travel Time: _____ Hours _____ Minutes

Employer Election (To be completed by Employer representative as necessary)

The Employer elects to make payment rather than grant time off because:

_____ The time off cannot be granted within the applicable time limitation.

_____ It is preferable to pay the employee for the travel time.

Signature of Employer Representative: _____ Date: _____

TRAVEL TIME OFF TAKEN (Must be within a specified period. See "Travel Time Instructions" for details.)

Date: _____ Amount of Time Off Taken: _____

Date: _____ Amount of Time Off Taken: _____

Date: _____ Amount of Time Off Taken: _____

CERTIFICATION OF USE AND/OR FORFEITURE OF ACCUMULATED TRAVEL TIME

I agree that all of the travel time accumulation indicated above has been used or forfeited.

Employee Signature: _____ Date: _____

Signature of Employer Representative: _____ Date: _____