I. Definitions

“Official Residence” means the home address of an employee on file with the Personnel Cabinet.

“Official Work Station” means the address of the office the Commissioner of the Department of Corrections or his designee assigns to an employee.

II. Policy and Procedures

A. Employees traveling for Department of Corrections’ official business shall be familiar with and follow the Employee Travel Regulation, 200 KAR 2:006. This regulation is available at: http://finance.ky.gov/services/statewideacct/Pages/travel.aspx

B. Travel expenses may only be reimbursed for travel for official Department of Corrections’ business. Travel vouchers shall be submitted once per month unless the travel is for an amount less than ten dollars ($10). The purpose of travel shall be listed for each trip.

C. All submitted travel vouchers shall be submitted on the appropriate form (attachment A). Mileage claims shall be verified by using MapQuest® or Google Maps® and reimbursed based on the most routinely travelled routes.

D. State vehicles shall be used for travel if available. Employees using their personal vehicle for official travel if a state vehicle is available shall have authorization from their supervisor allowing the claim of mileage.

E. Mileage shall only be claimed for the distance between the employee’s official work station and destination or the employee’s home and destination, whichever is less. Mileage between home and work station
shall not be paid. Vicinity mileage and the purpose shall be listed on separate lines of the travel voucher. Mileage shall not be reimbursed for non-state business purposes, including travel to restaurants.

F. Meals shall only be reimbursed (at the per diem rate) for overnight travel. Dinner shall be reimbursed without an overnight stay if the employee is at a location more than forty (40) miles from their work station, in travel status between 5:00 pm and 9:00 pm and arrive home after 9:00 pm. Per diem shall not be paid for meals provided to the traveler at a lodging establishment, a conference, a training, a meeting, etc.

G. Overnight accommodations shall be the most economical for the area. State parks shall be used if within 15 miles of the destination, if available. Employees may be required to share hotel rooms (double occupancy).

H. Group lodging (direct bill) shall only be established by the Department if four (4) or more employees require overnight lodging at a hotel, motel, etc. for authorized state business. Direct bill accounts shall only be established by the Division of Administrative Services. Employees shall be financially liable for any fees or hotel charges other than applicable taxes and lodging per night, including damages, smoking fees, pet fees or any other fees assessed by the lodging establishment. Employees may also be held financially responsible for failing to cancel reservations or no show charges. Recoupment of these charges may be deducted via payroll.

I. Receipts in the traveler’s name are required for lodging, whether direct bill or paid by the employee. Parking and other expenses shall also require a receipt for reimbursement if over ten dollars ($10).

J. Out of State Travel requests shall follow the procedures issued by the Finance and Administration Cabinet and the Department of Corrections Commissioner’s Office. Requests shall be submitted to the Commissioner’s Office at least one month prior to travel, and shall first be submitted to the appropriate Deputy Commissioner prior to submission to the Commissioner’s Office.

K. The Department of Corrections shall reimburse for one (1) item of luggage on airline flight for approved Out of State Travel. Additional items of luggage shall be the responsibility of the traveler.

L. Travel expenses (e.g. lodging, personal vehicle mileage, per diem) shall not be paid in advance of the travel, with the exception of conference registration fees paid directly to the conference registration
office. Checks from state funds shall not be issued to pre-pay for lodging for employees.

M. Travel vouchers must have at least one original signature.

N. Travel reimbursement payments shall be remitted via EFT if the employee receives payroll via EFT. Checks shall not be issued in lieu of EFT.

O. Travel vouchers may be electronically scanned; however, all signatures shall be in blue or red ink.

P. Mileage to and from job interviews, the KCCD conference, the Department of Corrections Award luncheon and interviews for the Leadership Program shall not be reimbursed.

Q. Questions regarding this policy and the travel regulation shall be directed to the Division of Administrative Services.
Form MARS-34
Commonwealth of Kentucky
Finance and Administration Cabinet

Travel Voucher

Page of 1  Date  Acct Period  Budget FY  New  Modification
Line  Template ID

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Unit</th>
<th>Func</th>
<th>S Func</th>
<th>App Unit</th>
<th>Object</th>
<th>Dept Obj</th>
<th>Program</th>
<th>Program Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activity  S Activity  Location  S Loc  Rep Code  S Rep Code  Task  S Task  Task Order

Check One:  Increase  Decrease  Description

Traveler ID

Traveler Name

Department Name

Traveler's Work Station

Traveler's Residence

Mo  Day  Time of  Location  Private Auto Mileage  Tolls and/or Parking  Lodging  Subsistence  Totals
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Departure  Return  From  To

Purpose:

Mo  Day  Time of  Location  Private Auto Mileage  Tolls and/or Parking  Lodging  Subsistence  Totals
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Departure  Return  From  To

Purpose:

Mo  Day  Time of  Location  Private Auto Mileage  Tolls and/or Parking  Lodging  Subsistence  Totals
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Departure  Return  From  To

Purpose:

Mo  Day  Time of  Location  Private Auto Mileage  Tolls and/or Parking  Lodging  Subsistence  Totals
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Departure  Return  From  To

Purpose:

If mileage claimed was a state car available?

Yes  No

Enter Mileage from all pages  Miles x $ per mile  $0.00

Rode with another state employee

Yes  No

Total Other expenses  $0.00

Grat Total  $0.00

By signing, I hereby certify, subject to the provisions of KRS 523.100(unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

Traveler's Signature  Date

Supervisor's Signature  Date

Agency Head or Authorized Agency's Signature  Date

Cabinet Head's Signature (if required)  Date