 <p><b>HAWAII HEALTH SYSTEMS CORPORATION</b> <i>Quality Healthcare for All</i></p> <p><b>PROCEDURE</b></p>	<p><b>Department:</b></p> <p>Human Resources</p>	<p><b>Procedure No.</b></p> <p><b>ADM 0005B</b></p>
		<p><b>Supersedes Procedure No.</b></p>
<p><b>Subject:</b></p> <p><b>Travel by Employees (Intra-Island, Inter-Island and Out-of-State)</b></p>	<p><b>Approved By:</b></p> <p><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: President &amp; CEO</p>	<p><b>Approved Date:</b></p> <p>September 23, 2021</p> <p><b>Last Reviewed:</b></p> <p>January 26, 2021</p>

**I. PURPOSE:**

To define the process for approval and management of Travel and Sponsored Travel by HHSC employees. This procedure takes into consideration the fact that the HHSC Regions and Corporate Office are not required to follow the same procurement rules and have different vendor contracts for some Travel services.

**II. PROCEDURES:**

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

1. REGIONAL EMPLOYEES ONLY

- a. 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 Approval Authority.
- b. 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 Approval Authority.

At a minimum, Regional employees 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 Travel; and
- Description of other reimbursed trips taken by the Regional employee during the current and immediately preceding fiscal years.

The Regional employee shall submit Attachment 2 not less than three weeks (3) prior to Travel. More lead time is highly suggested. Emergency requests with less than three weeks' notice shall be addressed on a case-by-case basis. Under no circumstances shall 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 and any such expenditures may not be reimbursed.

## 2. CORPORATE OFFICE EMPLOYEES ONLY

- a. 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 Approval Authority. All necessary documentation and worksheets verifying Travel costs shall be attached to this form.
- b. Corporate Office employees 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 shall be addressed on a case-by-case basis. Under no circumstances shall 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 and any such expenditure may not be reimbursed.

### **B. AIR RESERVATIONS PROCEDURE:**

1. It is recommended that Regional employees document at least two quotes for out-of-state Travel. Corporate Office employees shall obtain at least two (2) quotes and document the quotes on Attachment 4 (SPO Form 4 – Worksheet A, airfare & Baggage Fees). All HHSC 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.
2. 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. All employees may take advantage of any air travel specials or on-line rates that are most economical. A Regional company credit card or P-card may be used for authorized inter-state and out-of-state airline tickets. The employee shall be responsible for any additional cost due to Personal Preferences.
3. Non-refundable coach class fares must be booked unless the Approval Authority 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 Approval Authority for approval prior to booking.
4. All inter-island Travel for HHSC regional purposes should be conducted 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. is the current vendor available to Corporate Office employees for inter-island air reservations, but any vendor with a contract on the State bid list may be used. 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.
5. Frequent flyer miles earned on HHSC travel shall 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.

### **C. LODGING PROCEDURE:**

1. Out-of-state and inter-state hotel accommodations are exempt from competition. Regional employees are encouraged to obtain a minimum of two (2) quotes from two (2) different sources.

Corporate Office employees shall obtain a minimum of two (2) quotes from two (2) 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. HHSC employees may take advantage of any hotel specials or on-line rates that are most economical. The vendor chosen shall be selected based on the most economical rate. Corporate Office employees shall justify utilizing the higher quote on Worksheet C.

2. If a conference or event is being held at a particular hotel, employees may stay at the hotel to take advantage of special group pricing. However, HHSC employees may also choose to stay at a more economically-priced hotel, if desired.
3. The P-Card may not be used for hotel accommodations. Corporate Office employees shall use a personal credit card. If a Region has a corporate credit card, it may be used for hotel accommodations for Regional employees, at the discretion of Approval Authority.

### **D. TRANSPORTATION PROCEDURE:**

1. Refer to the current Internal Revenue Service mileage rates when computing the value of business use of an automobile. HHSC employees may claim mileage reimbursement where appropriate completing the mileage reimbursement form, State Accounting Form C-3 (Attachment 13).
2. Computation of mileage:
  - a. 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, the employee may be reimbursed for mileage between home and job site or transportation terminal that is in excess of the miles normally traveled between home and employee's regular job site.
  - b. Mileage that is not in excess of the miles normally traveled between home and the regular job site shall not be reimbursed.
  - c. 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 excess of the miles normally traveled.
  - d. If such Travel is due to overtime work, such mileage reimbursement is allowed only for miles that are in excess of one roundtrip between home and the regular job site.
3. Car rentals for out-of-state transportation shall be used only when necessary and authorized, not for convenience only. HHSC employees should use airport and/or hotel shuttles whenever possible. The following criteria apply:
  - Minimum two quotes required;
  - P-Card may not be used by Corporate Office employees;
  - HHSC carries insurance for rental cars. HHSC employees shall not purchase additional rental car insurance, such as the collision damage waiver.

**4. Corporate Office Employees Only:**

- a. Intra-State car rental services must be reserved by utilizing the State Procurement Office (SPO) Commercial Car Rental Services Price List Agreement 18-07 ("Price List") 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 President & CEO (PCEO) has approved the exception. Such approval shall be obtained prior to purchase and documented on Attachment 6.
- b. Reservations for intra-state car rentals can either be made by telephone or online at [www.hawaiiistatecars.com](http://www.hawaiiistatecars.com). The on-line site is pre-populated 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 apply:
  - Driver need not be the P-Card holder;
  - Corporate Office employee must have a valid driver's license;
  - Compact car, unless justified/authorized for larger car size;
  - Gas is included in the price and the employee is not required to fuel the vehicle prior to its return;
  - HHSC is self-insured; no car insurance, such as collision damage waiver, personal accident, personal effects, or supplemental liability shall be purchased by an employee. Employees choosing to purchase insurance shall be responsible for the cost;
  - Corporate Office employee is personally responsible for the cost of Personal Preferences;
  - Report any accidents/incidents to Corporate Risk Management immediately.
- c. The P-Card shall be used on an as-needed basis and may only be used for inter-state car rentals, if available. The P-Card is required when making reservations; but, the P-Card shall not be charged until the vehicle is returned at the closing of the approved rental period. Corporate Office employees are required to use a personal credit card for out-of-state car rentals.

**5. Regional Employees Only:**

- a. HHSC 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.
- b. If a contracted car rental is not available in the vicinity where the Regional employee is traveling, Regional employees are encouraged to rent vehicles at the best price available.

**E. PER DIEM PROCEDURE:**

1. Per Diem allowance is intended to cover meals, lodging, tips, laundry and other expenses. (Corporate Office employees shall complete Attachment 9, Worksheet B, computation of Per Diem and Meal Allowance).
2. Employees shall refer to their respective bargaining unit agreements for specific per diem amounts.

3. Exempt employees shall follow the HGEA BU 13 contract, Article 45 – Travel.
4. 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).
5. 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 shall 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”).
6. Advanced per diem allowance may be requested, if available, for inter-island and out-of-state Travel; but, it shall exclude any Excess Lodging.

**F. REIMBURSEABLE TRAVEL PROCEDURE:**

1. 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 Office employees]). All documentation and receipts shall be attached to the appropriate form upon submittal.
2. Generally, per diem allowance and reimbursable travel expenses for approved Travel shall be paid by the respective Region, or by the Corporate Office for Corporate employees. However, if a Region requests that an employee of another Region or the Corporate Office travel to its facility or facilities, the requesting Region shall pay associated Travel expenses and per diem.
3. The employee shall be responsible for any additional cost due to personal preferences or deviations.
4. 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. Travel Time Off for Same Day Travel shall be provided to employees who are required to work outside their normal business hours and shall complete Attachment 12 – Travel Time Form [Same-Day Travel Only].
5. Additional reimbursement for miscellaneous business-related expenses may be obtained with proof of purchase (i.e., 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/Ride Service, e.g., Uber/Lyft
  - 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.

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

#### **G. NON-STATE TRAVEL EXPENSE REIMBURSEMENT**

1. Vendors shall 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. Vendors shall be encouraged to adhere to State approved reimbursement rates.
2. Sponsored Travel expenses or any part thereof is prohibited unless the employee obtains pre-approval from employee's Regional Compliance Officer or Corporate Compliance Officer and the Approving Authority or pre-approval by the State Ethics Commission through its Request for Guidance Regarding Travel Expenses Paid by Non-State Entities located at [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics) and the Approval Authority.

**Corporate Office employees** – For information and copies of forms pertinent to travel, please refer to the following State Procurement Office website:

<http://spo.hawaii.gov/for-state-county-personnel/programs/travel-procedures/>

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

#### **III. ATTACHMENT(S):**

- Attachment 1: Request for Approval–Inter-Island Travel
- Attachment 2: Request for Approval–Out-of-State Travel
- Attachment 3: Travel Approval Form, SPO Form 30 (Rev 8/9/18)
- Attachment 4: Worksheet A, Airfare and Baggage Fees, SPO Form 30 (Rev 05/17/18)
- Attachment 5: Worksheet C, Hotel Accommodations, SPO Form 30 (10/14/16)
- Attachment 6: Worksheet D, Ground Transportation, SPO Form 30 (Rev 7/20/18)
- Attachment 7: Administrative Directive No. 12-02, dated 3/15/12
- Attachment 8: Comptroller's Memo No. 2012-15, dated 8/23/12
- Attachment 9: Worksheet B, Computation of Per Diem and Meal Allowance, SPO Form 30, (Rev 08/30/17)
- Attachment 10: Statement of Completed Travel – Regional Use Only
- Attachment 11: Statement of Completed Travel – Corporate Office Use Only
- Attachment 12: Travel Time Form (Same Day Travel Only)
- Attachment 13: Mileage Reimbursement Form, State Accounting Form C-3

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: \_\_\_\_\_

 <b>HAWAII HEALTH SYSTEMS</b> C O R P O R A T I O N <i>"Quality Healthcare for All"</i>	Date:
	Facility:
<b>Request for Approval - Out of State Travel</b>	
Name:	Position:
Destination:	Travel Dates:
<b>Anticipated Reimbursable Costs</b>	
Airfare	
Registration Fee(s)	
Ground Transportation	
Per Diem:	
Excess Lodging	
<b>Total</b>	<b>\$0.00</b>
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: \_\_\_\_\_ 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

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

Describe:

TOTAL \$0.00

Program ID: \_\_\_\_\_ Appropriation Symbol: \_\_\_\_\_

\_\_\_\_\_  
Traveler Signature\_\_\_\_\_  
Traveler Name\_\_\_\_\_  
Date\_\_\_\_\_  
Requesting Authority Signature\_\_\_\_\_  
Requesting Authority Name/Title (Print)\_\_\_\_\_  
Date

Employee affirmatively agrees to loan the State money for travel costs, not advanced, and be reimbursed after-the-fact upon completion with submission of the Statement of Completed Travel.

\_\_\_\_\_  
Approving Authority Signature\_\_\_\_\_  
Approving Authority Name/Title (Print)\_\_\_\_\_  
Date

**WORKSHEET A  
AIRFARE AND BAGGAGE FEES**

**INTRA-STATE TRAVEL** (minimum 1 quote required)

Vendor: \_\_\_\_\_  
 Airfare Quote\*: \_\_\_\_\_ Baggage Fee\*: \_\_\_\_\_ Date of Quote: \_\_\_\_\_

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

\*Refer to PL Contract No. 18-13

**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, and destination. Attached a copy of the proposed itinerary in lieu of filling in the above sections. The pCard shall be used for all authorized itineraries. The pCard may not be used for any itinerary involving personal deviations, which impacts (increases) the airfare quote.

Justification for selection made to other than the lowest airfare:

Traveler: \_\_\_\_\_ Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

**HOTEL ACCOMMODATIONS**

Intra-State: \_\_\_\_\_ (min. 2 quotes required)

Out-Of-State: \_\_\_\_\_ (min. 2 quotes required)

Check-In Date \_\_\_\_\_

Check-Out Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Conference Hotel:

Selected	Name of Hotel	Quotation Date	Hotel Rate (per day, incl. taxes & fees)	Excess Lodging* (per day)	No. of Nights	Total Excess Lodging
						\$0.00
						\$0.00
						\$0.00

Form of Payment: Purchase Order #:

\*\*Credit Card #:

Exp. Date:

Cardholder Name:

\* If there are different rates per day, the highest rate may be used for calculation purposes.

\*\*Entering personal credit card information is optional. The pCard may not be used for hotel accommodations.

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 & fees)	\$194.87	\$83.50
Hotel allowance	<u>(\$85.00)</u>	<u>(\$50.00)</u>
Excess lodging per night	\$109.87	\$33.50
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: \_\_\_\_\_

Return Date: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Vendor	Car Rate (Price List)	Number of Days	Total Cost)
			\$0.00
			\$0.00
			\$0.00

\*Employee should use hotel/airport shuttle whenever possible. Refer to PL Contract No.12-14(or as amended)

**OUT-OF-STATE CAR RENTAL\*\***

(Minimum 2 quotes required from two different sources)

Pick-up Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Selected	Vendor	Daily Car Rate	No. of Days	Total Cost
				\$0.00
				\$0.00
				\$0.00

\*\*Employee should use hotel/airport shuttle whenever possible. The pCard may not be used for out-of-state car rentals.

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

**OTHER GROUND TRANSPORTATION COSTS**

DESCRIPTION	Cost
Taxi:	
Airport/Hotel Shuttle:	
Parking:	
Other (i.e. subway, bus, rail, metro etc.):	
<b>Total Estimated Cost</b>	

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 cursive script that reads "Neil Abercrombie".

NEIL ABERCROMBIE  
Governor, State of Hawai'i

NEIL ABERCROMBIE  
GOVERNOR




DEAN H. SEKI  
COMPTROLLER

~~JANE BOLMER~~

**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.



**STATEMENT OF COMPLETED TRAVEL**

Department:

Division/Program:

Date:

Select One:

Within State  
Out of State

In accordance with Section 78-32, HRS, as amended, and the Comptroller's Rules and Regulations, I certify that I traveled from \_\_\_\_\_ on official business.

**Date of Flt. Departure:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of Flt. Return:** \_\_\_\_\_ **Time:** \_\_\_\_\_

This travel was authorized by \_\_\_\_\_ on \_\_\_\_\_.

Per Diem:  
Hotel computed separately for excess per diem:  
Allowable Expenses: \_\_\_\_\_

Due State of Hawaii: ..... \$0.00  
Reimbursement due to me: ..... \$0.00

Claimant Name \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Approval

***Computation of departure and return dates***

	<u>Departure Date</u>	<u>Return Date</u>
12:01A.M. – 6:00 A.M. ....	1 day	¼ day
6:01 A.M. – 12:00 Noon .....	¾ day	½ day
12:01 P.M. – 6:00 P.M. ....	½ day	¾ day
6:01 P.M. – Midnight .....	¼ day	1 day



**Hawaii Health Systems Corporation Statement of Travel Expenditure**

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

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

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

<b>Total Cost of Trip:</b>						<b>\$ -</b>
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<b>Less Expenditures Charged or Prepaid by Company:</b>						\$ -
	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)		\$	-		

<b>Due Employee:</b>						<b>\$ -</b>
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**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).



**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: \_\_\_\_\_

