

TRI-COUNTY PET REGION TRAVEL RULES

PRE-TRAVEL:

Non-City of Omaha employees

Complete Estimated Costs portion of City of Omaha Grant Travel Authorization and Expense Report Form. Submit to your committee chair for approval.

City of Omaha employees

Complete City of Omaha Combined Subsistence and Transportation Authorization and Expense Report, A-130. Submit to your or Division Manager/Department Director for approval.

Pre-travel reimbursement

Airfare and conference registration fees can be reimbursed prior to your travel. Email or fax your airfare receipt and registration confirmation, along with a conference agenda and a copy of you're A-130 approval to Scott Crites at scott.crites@ci.omaha.ne.us or (402) 444-5026

POST-TRAVEL:

The following is a checklist of items you will need to submit to Scott Crites **within 60 days of your travel:**

- Conference agenda
- Registration Confirmation
- Approved NEMA Planning, Exercise and Training Form (if appropriate)
- Non-City of Omaha employees: City of Omaha Grant Travel Authorization and Expense signed by you and your committee chair
- City of Omaha employees: City of Omaha Combined Subsistence and Transportation Authorization and Expense Report, A-130 signed by you and your Department Director
- Airfare: at least two quotes on airfare pricing, airfare confirmation showing your name and total airfare amount, boarding pass and/or luggage fee Receipt
- Itemized Receipts (i.e. airfare, meals, airport parking cab, hotel bill with \$0.00 balance to confirm you paid)

Attention Non-City of Omaha employees: If you choose to get reimbursed directly, the City of Omaha will issue a 1099 form that you may or may not need to report to the Internal Revenue Service (IRS). In order to avoid having a 1099 form issued to you, you will want to request reimbursement of your travel be made to your respective organization/agency/department. Your organization/agency/department may then disburse the reimbursed funds to you.

REIMBURSEMENT GUIDELINES / NON ALLOWABLE EXPENSES:

- Non-itemized receipts are reimbursed at a maximum of \$5.00
- Alcohol, snacks, and tips are not reimbursable expenses
- Food is only reimbursable for overnight travel
- If breakfast, lunch, or dinner is provided by the planning, exercise, or training event, no meal reimbursement can be made for such meal
- Airfare: at least two airfare quotes need to be obtained prior to travel. For documentation purposes, you may submit print-outs from aggregator websites like Orbitz, Travelocity, Priceline, or airline websites.
- Privately owned motor vehicle (POV) mileage is reimbursable at the current authorized GSA Privately Owned Vehicle Mileage Reimbursement Rate. Current rates can be found at www.gsa.gov. Only travel outside the Tri-County Area is eligible for mileage reimbursements. Mileage reimbursement requests must be submitted with a map of distance traveled (i.e. www.mapquest.com or www.maps.google.com). Mileage to Eppley Airport is not allowable if you live/work within the Omaha Metro area.
- Cab fare to and from the airport is considered a transportation expense, not an incidental expense. Cab tips are NOT reimbursable

OUT-OF-STATE PER DIEM:

Find your maximum per diem (meals and lodging) by going to the website www.gsa.gov – click the link on the left side labeled “Per Diem Rates”. Find your per diem by searching for the proper location of the planning, exercise, or training event. Food is only reimbursable for overnight travel. You will be reimbursed for actual expenses up to the per diem amount, according to the following formula:

- Breakfast – 20% of Meals & Incidentals Expense Rate (M&IE)
- Lunch – 30% of Meals & Incidentals Expense Rate (M&IE)
- Dinner – 50% of Meals & Incidentals Expense Rate (M&IE)

Note that the M&IE is different on the first and last days (travel days) than on the days between (**Per diem rates on the first and last days of travel are 75% of your max. per diem rates**). In addition please familiarize yourself with the following travel day meal reimbursement rules:

- Breakfast – When an employee leaves for overnight travel at or before 0630, breakfast may be reimbursed.
- Lunch – When an employee leaves for overnight travel at or before 1100 or return from overnight travel at or after 1400, the noon meal may be reimbursed.
- Dinner – When an employee returns from overnight travel at or after 1900, the evening meal may be reimbursed.

When figuring out your meal reimbursement, you may include taxes. If you split a receipt with someone else, you cannot simply split the taxes in two. Taxes need to be figured out for your expenses specifically.

IN-STATE PER DIEM:

Find your maximum per diem (meals and lodging) within the State of Nebraska by going to the website www.gsa.gov – click the link on the left side labeled “Per Diem Rates”. Find the applicable per diem rate (Meals & Incidentals Expense Rate) by clicking on Nebraska. Food is only reimbursable for overnight travel. You will be reimbursed for actual expenses up to the per diem amount, according to the following formula:

- Breakfast – 20% of Meals & Incidentals Expense Rate (M&IE)
- Lunch – 30% of Meals & Incidentals Expense Rate (M&IE)
- Dinner– 50% of Meals & Incidentals Expense Rate (M&IE)

Note that the M&IE is different on the first and last days (travel days) than on the days between (**Per diem rates on the first and last days of travel are 75% of your max. per diem rates**). In addition please familiarize yourself with the following travel day meal reimbursement rules:

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- Dinner – When an employee returns from overnight travel at or after 1900, the evening meal may be reimbursed.

When figuring out your meal reimbursement, you may include taxes. If you split a receipt with someone else, you cannot simply split the taxes in two. Taxes need to be figured out for your expenses specifically.

REFERENCES:

- City of Omaha Travel Guidelines (02/02/2012)
- State of Nebraska State Accounting Manual
(<http://das.state.ne.us/accounting/nis/am005.htm#meals>)
- Nebraska Emergency Management Agency Grant Management Handbook (October 2010)

City of Omaha

Tri-County Travel Authorization and Expense Report - Non-City Employees

Reimbursement to: _____
 Name: _____
 Organization: _____
 Address: _____

 SSN: _____

Directions - Read the "Tri-County Travel Rules" prior to completing this form and contact the City of Omaha (fiscal agent) with any questions prior to travel. Submit travel reimbursement request within 60 days of travel.

Phone: _____
 Email: _____

(only required for reimbursements to individuals - please refer to travel guidelines)

Purpose: _____
 Place: _____
 Date/Time: _____

COMPLETE PRE-TRAVEL				Pre-Travel Approvals:
Start Date & Time	End Date & Time	Total Travel Days		
Estimated Cost:			Funding Source (must be completed)	
Airfare/Luggage Fees	_____		Grant	
Mileage (\$)	_____		Grant Administrator	
Lodging	_____		Tri-County Committee Chair	
Meals	_____			
Registration	_____			
Other (please specify separately)	_____			
Total Estimated Cost:	_____		Task #	

COMPLETE POST-TRAVEL										
	Date	Airfare/Luggage	Mileage	Lodging	Registration	Breakfast	Lunch	Dinner	Other	Total
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Total Reimbursement Requested: _____

I certify that the above statement and itemization of expenses are true and correct, are supported by the attached obtainable receipts, and were properly incurred on behalf of the City of Omaha and Tri-County PET Region and are in accordance with Chapter 10, Article VIII of the Omaha Municipal Code.

I have examined this itemization of expenses and approve the above expenses as property incurred on behalf of the City of Omaha and the Tri-County PET Region.

Payee _____ Date _____ Grant Administrator _____ Date _____

FOR CITY OF OMAHA USE ONLY								
	YEAR	FUND	ORGN	PROJECT	AWARD	TASK	EXPEND	AMOUNT
Total Approved Reimbursement:								
Reimbursement Reviewed by, Date:								
Total Reimbursement :								_____
Authorized Signature _____	Date _____	Authorized Signature _____	Date _____					

Combined Subsistence and Transportation Authorization and Expense Report

Finance
Mayor's Office

Authorization - This report must be completed in full to comply with Chapter 10, Article VIII of the Omaha Municipal Code.

Be sure to read the "Guidelines For Reimbursable Travel Expense" on Form A-130 (82).

Name: _____

Department: _____

Division: _____

Classification: _____

Itinerary: _____

Purpose: _____

City Council Resolution Number and Date (if applicable): _____

**NOTE: One day auto trips that do not include overnight stay should be coded as mileage (42111).
Meals are not included for one-day trips.**

Estimated Costs:		Funding Source Information Must be completed		Division Manager/ Date
		Budget Year		
Transportation				Division Manager/ Date
Airfare	\$ -	Fund		
Auto/City (gasoline)	\$ -	Organization		Division Manager/ Date
Auto/Private (mileage) (0 Miles X 0.365 Rate)	\$ -	Project		
Lodging	\$ -	Ntrl. Account		Department Director/ Date
Meals	\$ -	Future		
Other _____	\$ -			Department Director/ Date
Subtotal	\$ -			
Registration Fees	\$ -	Finance Department		Mayor, City of Omaha/ Date
Total	\$ -	Approval for Funding		

Expenses Paid by Employee

Expense Report	Sun.	Mon.	Tues	Wed.	Thurs.	Fri	Sat.	Totals
Date								
Transportation	-	-	-	-	-	-	-	-
Lodging	-	-	-	-	-	-	-	-
Meals	-	-	-	-	-	-	-	-
Registration	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-

Total Reimbursable Expenses Claimed. \$ -

I certify that the above statement and itemization of expenses are true and correct, are supported by the attached obtainable receipts, and were properly incurred on behalf of the City of Omaha and are in accordance with Chapter 10, Article VIII of the Omaha Municipal Code.

Payee/Date

I have examined this itemization of expenses and approve the above expenses as property incurred on behalf of the City of Omaha.

Department Director/Date

For Finance Use Only:	
Transportation.	_____
Meals, Lodging, and Other.	_____
Actual Cost Incurred.	_____
Total Estimated Cost	_____
Actual Over Estimate.	_____

Mayor's Approval: If total expenses exceed total estimated cost.

Mayor of the City of Omaha

**Tri-County PET Region
Lost/Missing Receipt Form**

IMPORTANT: For lost air tickets, car rental, and hotel receipts; a duplicate must be obtained.

I, _____, certify that receipt(s) and documentation required in support of expenses totaling _____ have been lost or are otherwise unobtainable. I have made an attempt to obtain duplicate receipts and have been unsuccessful. The Following receipt(s) are missing in my travel reimbursement request.

This affidavit is submitted in lieu of original receipts and attests:

- The expenses were incurred on behalf of Tri-County PET Region.
- The expense items and amounts are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

Date of Receipt: _____ Amount: _____

Vendor Name: _____

Description of expense:

Date of Receipt: _____ Amount: _____

Vendor Name: _____

Description of expense:

Claimant's signature _____ Date _____

Approver's name _____

Approver's signature _____ Date _____

Please submit this affidavit along with the reimbursement request.