

**TRAVEL EXPENSE ACCOUNT FORM
INSTRUCTIONS**

Department of Children and Family Services

PMF110
Rev. 10/23
09/22 Issue Obsolete

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE 3		OFFICIAL USE ONLY TRIP NUMBER 4	DATE OF CLAIM 1
HOME ADDRESS 6		PERSONNEL NUMBER 7	WORK SCHEDULE 2
CITY 9			DIVISION 5
			SECTION 8
			FOR PERIOD 10

Expense Summary

	ADVANCE RECOUPMENT	\$	11
TRANSPORTATION	AUTOMOBILE 12 ____ miles @ ____	\$	13
	AIRPLANE	\$	14
	OTHER	\$	15
		\$	16
SUBSISTENCE	LODGING	\$	17
	MEALS	\$	18
		\$	19
TOLLS AND PARKING		\$	20
TIPS		\$	21
OTHER EXPENSES		\$	22
TOTAL REIMBURSEMENT COST		\$	23

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

24 _____ **25** _____ **26** _____
SIGNATURE BY PAYEE TITLE OR POSITION OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

27 _____ **28** _____ **29** _____
SIGNATURE PRINT NAME TITLE

Approved for Payment _____ **30** _____
Audited By

Agency Accounting Codes						
Cost Center	GL	Fund	Internal Order	Grant	WBS Element	Functional Area
31	32	33	34	35	36	37

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DATE	HOUR AM/PM		TERRITORY TRAVELED SHOW ALL POINTS VISITED AND PURPOSE OF TRIP OR NECESSITY OF TRAVEL	ODOMETER READING/WEBSITE MILEAGE		MILES TRAV	SUBSISTENCE			TOLLS AND PARK	TIPS	OTHER EXPENSES	
	DEP	ARR		DEPART	ARRIVE		LODGING	MEALS				DESCRIPTION	COST
								NO.	COST				
38	39	40	41	42	43	44	45	46	47	48	49		
TOTALS						50	51	52	53	54	55	56	

FRONT OF FORM (PAGE 1)

1. **DATE OF CLAIM:** Date the Travel Expense form (T/E) is completed by the traveler.
2. **WORK SCHEDULE:** Employee's assigned work hours.
3. **NAME OF OFFICER OR EMPLOYEE:** Employee's name or name of a vendor if a direct payment is being made; registration fee; hotel direct billing, etc.
4. **TRIP NUMBER:** This number will be assigned to TE by the Travel Unit.
5. **DIVISION:** Examples: Executive Division, Operations Division, Programs Division, Management and Finance Division
6. **HOME ADDRESS:** Employee's home address.
7. **PERSONNEL NUMBER:** Employee's Personnel Number.
8. **SECTION:** Examples: Child Welfare, Child Support, Fiscal Services
9. **CITY:** See Item 6 above.
10. **FOR PERIOD:** The first date of travel and the last date of travel.
11. **ADVANCE RECOUPMENT:** Amount of cash advance, if applicable.
12. **TRANSPORTATION - AUTOMOBILE:** Total number of miles from Item 48 on back (page 2) of form at the GSA mileage rate per mile. <https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates>
13. **AMOUNT:** Number of miles multiplied by the GSA mileage rate.

14. TRANSPORTATION - AIRPLANE:

- A. Fill in amount if requesting reimbursement for airplane ticket along with other trip expenses or indicate if payment for this item was using a Controlled Billed Account (CBA) or State Liability Travel Card.
- B. If requesting advance payment of airplane ticket (if the ticket was booked 30 days or more in advance and employee has received their travel card bill), fill in amount. A copy of the travel card bill must be attached. Mark out the account number, if desired. When submitting T/E for remaining expenses associated with the trip, write in PREPAID in this section. Attach a copy of the airplane ticket.
- C. If the airplane ticket was paid through the employee's agency Controlled Bill Account (CBA), write CBA in this section and attach a copy of the airplane ticket.

15. TRANSPORTATION - OTHER: Total of other transportation listed in Item 54 on back (page 2) of form, i.e. taxi, bus, shuttle, etc.

16. Total of Items 13, 14 and 15.

17. SUBSISTENCE - LODGING: Total from Item 49 on back (page 2) of form. Indicate if payment was made using a CBA or State Liability Travel Card.

18. SUBSISTENCE - MEALS: Total from Item 51 on back (page 2) of form.

19. Total of Items 17 and 18.

20. TOLLS AND PARKING: Total from Item 52 on back (page 2) of form.

21. TIPS: Total from Item 53 on back (page 2) of form.

22. OTHER EXPENSES: Total from Item 54 (excluding transportation) on back (page 2) of form.

23. TOTAL REIMBURSEMENT COST: Total of Items 16, 19, 20, 21, and 22, less the amount in Item 11. If the net amount is less than zero, attach a check or money order with T/E.

24. SIGNATURE BY PAYEE: Employee's signature.

25. TITLE OR POSITION: Employee's Civil Service or position title.

26. OFFICIAL DOMICILE: Employee's official domicile, including physical address.

27. SIGNATURE: Signature of person authorized to approve travel for employee.

28. PRINT NAME: Printed name of person authorized to approve travel for employee.

29. TITLE: Authorized person's Civil Service or position title.

30. AUDITED BY: Initialed by employee in Fiscal Services Travel Unit responsible for auditing T/E.

31. COST CENTER: 10-digit code (former org code)

32. GL: 7-digit number. This field must be completed.

5210010	In-State Travel - Administrative
5210015	In-State Travel - Conference and Convention
5210020	In-State Travel - Field Travel
5210025	In-State Travel - Board Members
5210030	In-State Travel IT - Administrative
5210050	Out-of-State Travel - Administrative
5210055	Out-of-State Travel - Conference and Convention
5210060	Out-of-State Travel - Field Travel
5210065	Out-of-State Travel - Board Members
5210070	Out-of-State Travel IT - Training
5620066	Misc - Travel In-State Other
5620067	Misc - Travel Out-of-State Other

33. FUND: 10-digit number. This field must be completed.

- 360000060E (Direct federal grant or cost allocated expenditures that hit multiple grants)
- 3600000000 (100% state general funds)
- 3600000200 (fees and self-generated revenue)

34. INTERNAL ORDER: This field must be completed for direct grants or program activities. Not applicable to A-Grants. If not applicable, place N/A in the block.

35. GRANT:

- All direct federal grants start with “**U**” plus 7 digits and year: **EX: U3601506.2022.**
- All allocated grants start with an “**A**” plus 7 digits. **EX: A3601551**
- All 100% state general expenditures will have **NOT RELEVANT** in the grant field.
- All fees and self-generated expenditures start with “**O**” plus 7 digits and year: **EX: O3600001.2021**

36. WBS ELEMENT:

- All direct federal grants start with “**U**” plus 9 digits and 360. **EX: U360201301.360**
- All allocated grants and state general fund expenditures will have **NOT RELEVANT** in WBS element field.
- All fees and self-generated expenditures start with “**O**” plus 9 digits and 360. **EX: O360000101.360**

37. Functional Area: Only used when there is a declared natural disaster. Codes will be provided by DOA.

BACK OF FORM (PAGE 2)

38. DATE: Date of travel; list each date traveled.

39. HOUR: List departure and arrival time including a.m. or p.m. for each single day’s travel. If travel includes overnight stay, only list the departure time including a.m. or p.m. on first day of travel and the arrival (return) time, including a.m. or p.m. on the last day of travel.

- 40. TERRITORY TRAVELED AND PURPOSE OF TRIP OR NECESSITY OF TRAVEL:** List location (town) traveled from, all points visited and location returned to. Also state the purpose of trip or necessity of travel.
- 41. ODOMETER READING:** Use car's odometer reading, not the trip odometer reading. List the beginning odometer reading under Depart and the ending under Arrive for each day on travel status.
- 42. MILES TRAVELED:** Subtract the beginning odometer reading from the ending odometer reading to get number of miles traveled.
- 43. SUBSISTENCE – LODGING (itemized daily):** Employees will be reimbursed the actual lodging rate, not to exceed the allowable amount, plus tax; receipt required. The inclusion of suburbs shall be determined by the department head on a case-by-case basis.

Routine Lodging: Employees will be reimbursed lodging rate, plus tax (not LA state tax); receipt required.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.

Conference Lodging: Employees will be reimbursed lodging rate, plus tax (not LA state tax); receipt required.

Travelers may be reimbursed expenses for conference hotel lodging, if the reservations are made at the actual conference hotel. When reservations are not available at the conference hotel and multi-hotels are offered in conjunction with a conference, traveler shall seek prices and utilize the least expensive. In the event all conference hotels are unavailable, then the traveler is subject to making reservations within the hotel rates as allowed in Item 42 above. The inclusion of suburbs shall be determined by the department head on a case-by-case basis.

Employees should refer to Louisiana State Employees' Travel Guide (PPM 49) for approved rates.

- 44. SUBSISTENCE - MEALS/NO:** List number of meals for which reimbursement is requested, itemized daily.

Employees should refer to Louisiana State Employees' Travel Guide (PPM 49) for approved meals rates.

- 45. SUBSISTENCE - MEALS/COST:** List the cost of meals (including tips), itemized daily.

Employees should refer to Louisiana State Employees' Travel Guide (PPM 49) for approved meals rates.

Receipts are not required for routine meals within these allowances. Number of meals claimed must be shown on travel voucher. Partial meals such as continental breakfasts or airline meals are not considered meals. If meals of state officials exceed these allowances, receipts are required. Meals provided by a conference cannot be reimbursed.

46. **Parking and Related Parking Expenses:** Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.
47. **TIPS:** Baggage tips: Employees should refer to Louisiana State Employees' Travel Guide (PPM 49) for approved rates.
48. **OTHER EXPENSES/DESCRIPTION:** List the description of any expenses not covered in items 43 through 47; appearing on line 14, 15 or 22 above.

Employees should refer to Louisiana State Employees' Travel Guide (PPM 49) for additional expenses that may be reimbursed.
49. **OTHER EXPENSES/COST:** List the cost of each item described.
50. **TOTALS/MILES TRAVELED:** Total the number of miles traveled listed in Item 42. Enter this amount in Item 13 on the front (page 1) of the form.
51. **TOTALS/LODGING:** Total the amount of lodging listed in Item 43. Enter this amount in Item 17 on the front (page 1) of the form.
52. **TOTALS/MEALS NO.:** Total the number of meals listed in Item 44.
53. **TOTALS/MEALS COST:** Total the amount of meals listed in Item 45. Enter this amount in Item 18 on front (page 1) of form.
54. **TOTALS/TOLLS AND PARKING:** Total the amount of tolls and parking listed in Item 46. Enter this amount in Item 20 on front (page 1) of form.
55. **TOTALS/TIPS:** Total the amount of tips in Item 47. Enter this amount in Item 21 on front (page 1) of form.
56. **TOTALS/OTHER EXPENSES COST:** Total the amount of other expenses listed in Item 49. Enter this amount, excluding airplane and other transportation, in Item 22 on front (page 1) of form. Enter airplane expenses in Item 14 and other transportation expenses in Item 15 on front (page 1) of form.

NOTE: Please do not write any information in the section titled "**Official Use Only.**" This section is reserved for the Travel Unit.