

TRAVEL AUTHORIZATION FORM INSTRUCTIONS

Department of Children and Family Services

Section A: General Information - Complete all information				
Division 1	Section 2	Official Domicile 3	Date of Request 4	Effective Date 5
Employee Name 6			Personnel Number 7	
Position Title 8			Mode of Transportation 9	
Home Address 10				
Purpose/Justification for travel: 11				

12

Employee Signature

SECTION B: Type of Authorization (Select all that applies)	SECTION C: Estimated Expenses Per Travel (Attach breakdown if needed)	
ROUTINE AUTHORIZATIONS <input type="checkbox"/> 13 Routine Travel Privileges <input type="checkbox"/> 14 Single Trip (Complete Section C) <input type="checkbox"/> 15 TIPS FY Authorization SPECIAL APPROVALS (NON-ROUTINE) <input type="checkbox"/> 16 Weekend Travel <input type="checkbox"/> 17 50% Allowance Above Tier Lodging Rate <input type="checkbox"/> 18 75% Allowance Above Tier Lodging Rate <input type="checkbox"/> 19 Out-of-State Travel <input type="checkbox"/> 20 Conference/Seminar * <small>* REQUIRED DOCUMENTATION for Conference/Seminar, brochure or agenda is required to be submitted with this form.</small>	Airfare Costs \$ _____ Personal Vehicle (.655 / mile) _____ Rental Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Taxi/Shuttle/Incidental Tips @ 15% or less) _____ Lodging \$ _____ X _____ Nights = _____ Meals \$ _____ X _____ Days = _____ Tolls and Parking \$ _____ Tips \$ _____ Other Expenses/Registration Fees \$ _____ Other Expenses \$ _____ Total Estimated Required Expenditure:	\$ 21 \$ 22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$ 29 \$ 30 \$ 31

Section C: Additional Travelers	
Traveler Name	Traveler Job Title
2 32	33
3	
4	
5	
6	
7	
8	

Section D: Agency Accounting

No.	Cost Center	GL	Fund	Internal Order	Grant	WBS Element
2	34	35	36	37	38	39
3						
4						
5						
6						
7						
8						

Section E: Approval Signatures

I hereby certify that the prescribed duties of the position and the incumbent necessitate travel expenditures as specified for which authorization is requested under the provisions of law and regulation.

40	41	42
Section Head Name	Section Head Signature	Date
43	44	45
DCFS Secretary or Designee Name	DCFS Secretary or Designee Signature	Date

Reimbursement for all travel expenses will be made in accordance with Travel Regulations prescribed by the Division of Administration, PPM No. 49, Travel Regulations and DCFS Policy 1-14 Travel Regulations.

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1. **DIVISION:** Executive Division, Management and Finance Division, Child Welfare Division, or Family Support Division.
2. **SECTION:** Executive Division: Office of Secretary, Office of Deputy Secretary, Bureau of Audit & Compliance Services, Communications, Emergency Preparedness, Governmental Affairs, General Counsel, Diversity, Equity, & Inclusion (DEI), Operational Development & Recovery, and Women's Policy

Management and Finance Division: Office of Undersecretary, Human Resources, Fiscal, Budget, Cost Allocations, Administrative Services, Appeals, Training, Policy Planning, and PPMO/Systems

Child Welfare Division: Home Development Unit, Behavioral Health Protective Services, CW Contracts, Performance Enhancement, IVE, Federal Programs, CQI, DEI, Data Analytics, Centralized Intake, Foster Care, ICPC, Transitional Youth, Kinship Navigator, Child Protective Services, Family Services, Human Trafficking, PRST, Adoptions, Extended Foster Care, and CW Operations

Family Support Division: Client Services, Workforce Development, TANF Planning & Development, Family Violence, Fraud & Recovery, Disability Determinations Services, ES Programs, ES Operations, Child Support Program, Child Support Operations, and Family Support Contracts

3. **OFFICIAL DOMICILE:** Employee's official domicile, including physical address.
4. **DATE OF REQUEST:** Date making the request.
5. **EFFECTIVE DATE:** Date travel begins and ends. If the travel privileges box is selected in Section B of the Travel Authorization Form, the effective date should be the first date the employee could be authorized to travel.
6. **NAME OF EMPLOYEE:** Employee's name as it appears with Human Resources.
7. **PERSONNEL NUMBER:** Employee's Personnel Number.
8. **POSITION TITLE:** Employee's Civil Service position title.
9. **MODE of TRANSPORTATION:** Identify the transportation type being authorized.
10. **HOME ADDRESS:** Employee's physical address.
11. **PURPOSE/JUSTIFICATION FOR TRAVEL:** Complete this area when Single Trip or Out-of-State is checked. State the reason, i.e. conference; location; and beginning and ending date of travel.
12. **EMPLOYEE SIGNATURE:** Employee must sign here.

TYPE OF AUTHORIZATION: Check the appropriate box.

13. **Routine Travel Privileges:** New travelers must check this box to be granted travel privileges in LEO. Existing travelers must check this box, if a change is needed to his/her assigned cost center in LEO.
14. **Single Trip:** For in-state, non-routine travel (i.e. conference or convention travel) check Single Trip authorization. Detail Estimation of Travel Expenses section must be completed.

Attach this T/A to the T/E. OMF Travel Office will assign the T/A number and code it to the T/E.

Use this form when fewer than 10 employees are requesting travel privileges. The Travel Unit accepts blanket travel authorizations for 10 or more employees. All blanket travel authorizations for conferences or seminars must include a list of employees attending the conference or seminar and the estimated cost for each employee.

15. **TIPS FY Authorization:** The Accountant Manager 2, responsible for the Travel Unit, provides a TIPS Spreadsheet identifying all Child Welfare staff in the Region authorized to travel for client-specific purposes for the current fiscal year. The PMF111 (TA) is also provided and must be **completed for the annual TIPS FY Authorization** approval.

SPECIAL APPROVALS:

16. **Weekend Travel:** Check if travel will include a Saturday, Sunday, or Holiday. Weekend travel requires Department Head or Designee approval on line 36.
17. **50% Allowance Above Tier Lodging Rate:** The Department head or designee has the authority to approve actual routine lodging provisions on a case by case basis, not to exceed 50% over the Policy and Procedure Memorandum 49 (PPM 49) current listed rates. Access PPM 49 at <http://www.louisiana.gov/>, then search DOA, OST, PPM 49. Justification must be in the file to show that attempts were made with hotels in the area to receive the state/best rate.
18. **75% Allowance Above Tier Lodging Rate:** In areas where the Governor has declared an emergency, a Department Head or his/her designee will have the authority to approve actual routine lodging provisions on a case by case basis not to exceed **seventy-five percent** over PPM-49 current listed rates.
19. **Out-of-State Travel:** Check for all out-of-state trips. Detail Estimation of Travel Expenses section must be completed. Attach this T/A to the T/E. OMF Travel Office will assign the T/A number and code it to the T/E.
20. **Conference/Seminar:** The Department head or designee has the authority to approve the actual cost of conference lodging, for single occupancy standard room, when the traveler is staying at the designated conference hotel. If there are multiple designated conference hotels, the lowest designated conference hotel should be utilized, if available. ***This allowance does not include Agency Hosted Conference Lodging Allowances.***
21. **Airfare Costs:** Enter the estimated airfare.

22. **Personal Vehicle:** Fill in number of miles at .665 cents per mile. At total round down if it results in .5.
23. **Rental Vehicle:** Enter yes if rental vehicle will be the mode of transportation or no if not. When using a rental vehicle enter the projected cost.
24. **Other (Taxi, Shuttle, Incidental Tips, Etc.):** Enter the estimated cost for this transportation. Tip expense up to 15% is allowed.
25. **Lodging:** Enter the lodging cost for one night and add the number of nights lodging is needed. The total cost is calculated and populates.
26. **Meals:** Enter the estimated cost for meals per day and add the number of days of meals. The total cost is calculated and populates.
27. **Tolls and Parking:** Enter the estimated amount for tolls and parking.
28. **Tips:** Enter the estimated amount for baggage tips. Employees should refer to for approved rates.
29. **Other Expenses/Registration Fees:** Enter the estimated cost of registration and/or other fees. Note: If no travel is involved, payment of registration fees can be requested on PMF 108.
30. **Other Expenses:** Use this area to explain the cost of transporting training materials or any other type of expense not covered above.
31. **Total Estimated Required Expenditure:** Enter the total of Items 21-31.
32. **Traveler Name:** List the additional employee(s) name(s).
33. **Traveler Job Title:** List the employee's job title.

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AGENCY ACCOUNTING CODES

Field Staff: The Regional Program Budget Specialist can provide codes 32-38.

State Office Staff: The Budget Administrators for your area can provide codes 32-38.

100 OM&F, 200 Child Welfare, and 300 Family Support

34. **Cost Center:** Ten-digit code. (Former org code)
35. **GL Code:** Seven-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

36. **Fund:** Ten-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)
37. **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.
38. **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**
39. **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**
40. **Section Head Name:** Print or type name of Section Director or Section Administrator.
41. **Section Head Signature:** Signature of Section Director or Section Administrator.
42. **Date:** Enter date of Section Head signature approving TA.
43. **DCFS Secretary or Designee Name:** Print or type the name of DCFS Secretary or Designee.
44. **DCFS Secretary or Designee Signature:** Signature of DCFS **Secretary or Designee.**
45. **Date:** Enter date of DCFS Secretary or Designee signature approving TA.