

Reimbursement of Travel

I. PURPOSE

The intent of this notice is to provide MPID inspection personnel guidance on how to fill out a Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form. This notice has been updated to reflect the current milage reimbursement rate. This Notice applies to all employees.

II. CANCELLATION

MPID Notice 7-24 dated 4-04-2024

III. REFERENCES

North Carolina Budget Manual – 5.0 Travel Policies and Regulations

IV. DETERMINATION OF TRAVEL REIMBURSEMENT MILEAGE

If a state employee uses a personal vehicle in the carrying out of official duties, actual mileage is reimbursable. Normal commuter mileage cannot be claimed. Normal commuter mileage includes travel from home to the employee's duty station and then from the duty station back home.

Explanation:

- 1. If the employee <u>only</u> reports to their duty station that day, no mileage can be claimed.
- 2. If the employee <u>reports to their duty station and additional establishment(s)</u> that day, the employee would be entitled to claim the mileage traveled between the establishments for reimbursement.
- 3. If the employee <u>does not report to their duty station</u> but travels to other establishment(s) on their route or covers another route, normal commuter mileage

cannot be claimed, but any additional work-related mileage between establishments can be claimed.

See Attachment 1 for visual representation.

See the <u>MPID Notice</u> entitled "<u>Reimbursement of Travel, Lodging, and Per Diem during</u> <u>Official Training</u>" for information pertaining to travel reimbursement when attending official training(s).

If a state employee who is assigned a state vehicle uses their personal vehicle in the carrying out of official duties due to car maintenance, inclement weather, etc., refer to the <u>MPID Notice</u> entitled "<u>MPID State Vehicle Policy</u>" for more information regarding the policy for reimbursement of mileage.

V. POLICY FOR FORM COMPLETION

To ensure you have the most recent version of the appropriate form, obtain the Reimbursement of Travel and Other Expenses Incurred form from the <u>MPID forms website</u> each time you complete a reimbursement request. Choose the appropriate form, depending on the section of the organization you fall under. Choosing the appropriate form helps in reducing the time it takes for filing and receiving your reimbursement.

Office Staff, Area Supervisors, Training Staff, and	1000-101324-1002901
Veterinarians	
Inspectors and Field Trainers	1000-101324-1002902
Compliance	1000-101324-1002903



Completely fill out the top portion including:

- Employee Name,
- Division/Section, MPID/1140
- Employee #,

Note: The Employee # refers your Fiori # or your Personnel No. on your paystub. You can access your paystubs via the "My Paystubs" link on the home screen of Fiori.

• Payee's Address,

Note: If your address has changed since the last time you submitted a Reimbursement of Travel form, please check the "Check if address is new" box

located at the top of the first page. See the <u>MPID Notice</u> entitled "<u>Policy for Personnel</u> <u>Address Changes</u>" for additional information for ensuring your address is updated for the MPID database, Fiori, and the Travel Reimbursement system.

- Title
- Headquarters (City),

Note: If you are headquartered at an establishment, type the city where the establishment is located. If you are headquartered at home, type the city where your home is located.

• Period Covered by Request (from/to).

Note: The period covered should include the month, date range, and year. For example, January 1-31, 2025.

	Q I O I O V MA I Z MA	MUMUMUMLAI AUAITALAU AN						
IN THE DISCHA	RGE OF OFFICIAL DUTY							
VSTRUCTIONS TO CLAIMANT. Submit one original to Accounts Payable. Attach all necessary receipts and other supporting documents o this form. Retain one (1) copy for your records. Please complete amount and all NC Financial System fields. <u>Must be filed at least</u>								
monthly and not later than 30 days after month ends. Must be prepared in ink or t must be emergency use only and must be justified in an attached supporting doc	uped. All claims for non-travel expense reimb sument MILEAGE BATE EFFECTIVE 1-	-1-2025 Check if address is new						
Employee Name	Division/Section	Employee #						
<i>Employee Name</i> Bonnie B Blueberry	Division/Section MPID/1140	Employee # 111112						
Employee Name Bonnie B Blueberry Pagee's Address (Street)	Division/Section MPID/1140 Title	Employee # 111112 Headquarters (City)						
<i>Employee Name</i> Bonnie B Blueberry <i>Pagee's Address (Street)</i> 12 Blueberry Street	Division/Section MPID/1140 Title Inspector I	Employee # 111112 Headquarters (City) Berry						
Employee Name Bonnie B Blueberry Pagee's Address (Street) 12 Blueberry Street (City, State, Zip)	Division/Section MPID/1140 Title Inspector I Period Covered by this Request (from/	Employee # 111112 Headquarters (City) Berry to)						

For travel, the date of the day needs to be included in the "**Day**" column. The city and the establishment number are to be included in the "**From**" and "**To**" columns. For in-state mileage, the miles shall be recorded in the I/S @.70 section. For out-of-state mileage, the miles shall be recorded in the O/S @.70 section.

Travel (s	how each city v	visited)		Transpo	ortation			
Day 1	From		То			1	In-State	Out-of-State
5	Berry TA 1111	l	Ber	ry P00		G		
	Berry P00		Red	d Vine P001		А		
						0		
Depart:		Arrive	:					
Mileage:	34.00	I/S @ .70			O/S @ .70	Р	23.80	0.00

Sometimes there may not be enough lines to record all the stops you had to make during your tour of duty. In that case you would continue recording your trip in the next "**Day**" section and record the **date of the day and cont.** in that day block. Total miles for the day should be recorded in the **cont. day** section.

	Travel (sl	how each city \	/isited	d)			Transpo	ortation		
	Day 1	From			То			1	In-State	Out-of-State
	5	Berry TA 1111			Ber	ry P00		G		
		Berry P00			Rec	Vine P001		А		
		Red Vine P00	1		Rec	Vine P002		0		
	Depart:			Arrive	:					
	Mileage:		I/S (@ .70			O/S @ .70	Р	0.00	0.00
	Day 2	From			То			1	In-State	Out-of-State
	5 cont	Red Vine P002	2		Ber	ry TA 1111		G		
								Α		
\checkmark				_				0		
	Depart:			Arrive	:					
	Mileage:	87.00]/s (@ .70			O/S @ .70	Ρ	60.90	0.00

For travel that includes overnight stays:

- The date of the day needs to be included in the "Day" column.
- The city you are starting in along with where you are (home, hotel, office, etc.) needs to be included in the "**From**" column, e.g., Berry Home.
- Your destination city needs to be included in the "**To**" column along with where you are (office, hotel, home, etc.), e.g., Raleigh Office.
- The time of departure, notated as "**Depart**", on the first day and the time of arrival, notated as "**Arrive**", on the last day of travel need to be included so that meal eligibility can be determined. A state employee may be reimbursed for meals, including lunches, while on official state business when the employee is in **overnight travel status**.

Note: Meals cannot be claimed for single day travel (i.e., employee leaves home and returns home the same day).

Travel (s	how each city v	isited)					Transpo	ortation		Subsi	stence
Day 4	From		То	То			In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home		Ra	leigh Office		G	16.00		в		
	Raleigh Office		Ra	Raleigh Hotel					L	13.30	
						0			D	23.10	
Depart:	8:00 AM	Ar	rive:						н	P-Card	
wileage:	142.00	I/S @	70		O/S @ .70	Р	99.40	0.00	т	36.40	0.00
Day 5	From		То			1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel		Ra	leigh Office		G	12.00		в	10.10	
	Raleigh Office		Ве	rry Home		Α			L	13.30	
		_				0			D		
Depart:		Ar	rive:	5:45	РМ				н		
Mileage:	143.00	I/S @ .	70		O/S @ .70	Р	100.10	0.00	Т	23.40	0.00

Meals shall be recorded in the "**Subsistence**" column at the current per diem rate for (B) Breakfast, (L) Lunch and (D) Dinner.

Travel (sl	how each city v	visited	d)					Transpo	ortation			Subsi	stence
Day 4	From			То	Го			In-State	Out-of-State		2	In-State	Out-of-State
10	Berry Home			Ral	Raleigh Office			16.00		1	в		
	Raleigh Office			Ral	Raleigh Hotel						L	13.30	
							0			1	D	23.10	
Depart:	8:00 AM		Arrive	:							н	P-Card	
Mileage:	142.00	I/S (@ .70			O/S @ .70	Ρ	99.40	0.0	0	т	36.40	0.00
Day 5	From			То			1	In-State	Out-of-State		2	In-State	Out-of-State
11	Raleigh Hotel			Ral	eigh Office		G	12.00			в	10.10	
	Raleigh Office			Ber	ry Home		А				L	13.30	
			_				0			1	D		
Depart:			Arrive	e:	5:45	PM					н		
Mileage:	143.00	I/S (@ .70			O/S @ .70	Ρ	100.10	0.0	0	т	23.40	0.00

Per Diem Rates Effective: July 1, 2023 – June 30, 2025

In-State:	B \$10.10 L \$13.30	D \$23.10	H \$89.10
Out-of-State:	B \$10.10 L \$13.30	D \$26.30	H \$105.20
Out-of-State Hotel Room Rate:	\$105.20 + Taxes		
In-State Hotel Room Rate:	\$89.10 + Occupancy	Tax	

*State rate is \$89.10 or less. Let the hotel know that NCDA&CS is sales tax-exempt and that you can provide them a copy of the tax-exempt letter. Some hotels will not honor this unless you pay with a government credit card.

The below guideline should be used to determine allowable subsistence expenses for (B) Breakfast, (L) Lunch and (D) Dinner. Remember, no meals can be claimed for same-day travel.

Breakfast: Overnight status/depart duty station prior to 6:00 a.m.

- <u>Lunch:</u> Overnight status/depart duty station prior to Noon (day of departure) or return to duty station after 2:00 p.m. (day of return)
- <u>Dinner:</u> Overnight status/depart duty station prior to 5:00 p.m. (day of departure) or return to duty station after 8:00 p.m. (day of return).

To claim Breakfast & Dinner, leave prior to 6:00 a.m. and arrive after 8:00 p.m.

Note: If one consumes a meal provided at no cost (i.e., Hotel's free breakfast), per diem for the meal cannot be claimed. "**Gratis**" would be selected in the dropdown box for the meal.

If you have parking, shuttle, or taxi fees to claim, they shall be recorded under the "**Transportation**" column beside G. Receipts are required to be submitted for reimbursement. There are additional transportation costs that may be incurred such as A (Air) or O (Other) that should also be recorded under the "**Transportation**" column beside the relevant letter.

Travel (s	how each city v	visited)			(Transpo	ortation	Π	Subsi	stence
Day 4	From			То			1	In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home			Ral	eigh Office		G	16.00		E		
	Raleigh Office			Ral	eigh Hotel		А			L	13.30	
							0			D	23.10	
Depart:	8:00 AM	1	Arrive	:						н	P-Card	
Mileage:	142.00	I/S @	Q.70			O/S @ .70	-	99.40	0.00	-	36.40	0.00
Day 5	From			То			1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel			Ral	eigh Office		G	12.00		E	10.10	
	Raleigh Office			Ber	ry Home		Δ			J	13.30	
							0			D		
Depart:		,	Arrive	:	5:45	PM				н		
Mileage:	143.00	I/S @	0.70			O/S @ .70	Р	100.10	0.00	т	23.40	0.00

If, while in overnight status, a hotel stay was paid for via a government credit card (P-Card), "P-Card" shall be typed under the **"Subsistence"** column beside H for the night(s) stayed in the hotel.

Travel (s	Travel (show each city visited)								ortation		Subsistence	
Day 4	From			То	То			In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home			Ral	Raleigh Office			16.00		в		
	Raleigh Office			Ral	Raleigh Hotel					L	13.30	
							0			п	23 10	-
Depart:	8:00 AM		Arrive	: :						н	P-Card	
Mileage:	142.00	I/S (@ .70			O/S @ .70	Р	99.40	0.00	Т	36.40	0.00
Day 5	From			То			1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel			Ral	eigh Office		G	12.00		в	10.10	
	Raleigh Office			Ber	ry Home		Α			L	13.30	
							0			D		
Depart:			Arrive	: :	5:45	PM				н		
Mileage:	143.00	I/S (@ .70			O/S @ .70	Р	100.10	0.00	Т	23.40	0.00

VI. POLICY FOR FORM SUBMISSION

Once you have completed the appropriate Reimbursement of Travel and Other Expenses Incurred form, sign it using a LincPass (if available) in the claimant box under signatures.

- 1. To sign the form using LincPass, you will double-click on the "Claimant" box.
- A "Sign" prompt screen will pop up, allowing you to type or ink your name beside the X. Once you have typed or inked your name, click the "Sign" command at the bottom right of the pop-up box.



3. Once you click "Sign" an "ActivClient Login" prompt screen will pop up asking you to enter your PIN. Enter the PIN associated with your Lincpass.

ActivClient Lo	ogin				?	×
ActivID* ActivClient®						
n Please enter y	our PIN.	 				
PIN		 				
			O	K	C	ancel

4. Once you enter your pin, your document should be successfully signed and ready for submittal.

Under the penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State.	I have examined this reimbursement request and certify that it is just and reasonable.
1/15/2025	
X Bonnie B Blueberry	
Claimant Signed by: Department of Agriculture	(Supervisor) (Date)

Next, attach the form to an email and send to your supervisor for review with "Travel Expense" and your last name in the subject line as shown below.



The supervisor will review the form for accuracy. If any changes are needed at this point, the supervisor will contact you to make the edits, and you will need to resubmit the form with changes made. If the form is acceptable, the supervisor will forward the form to <u>MPID.TravelForms@ncagr.gov.</u>

Note: If you do not have LincPass, such as Compliance Officers and New Inspectors, you will need to print, sign, scan, and email the completed form to your supervisor for review with "Travel Expense" and your last name in the subject line of the email. The supervisor will review the form for accuracy and if acceptable forward the form for submission to <u>MPID.TravelForms@ncagr.gov</u>.

The Raleigh Office Staff should print and sign a hard copy of the form to turn into Sharmila Logendran.

If you have any receipts from fees (parking, hotel, etc.) for which you are requesting reimbursement for, you will need to scan those and email them to your supervisor along with the travel reimbursement form.

VII. REIMBURSEMENT FORM DUE DATE

Per the <u>MPID Notice</u> entitled "<u>Report Due Dates</u>", the form is due into the Raleigh Office by the 7th of the following month.

Note: When in **overnight travel status** and the end of the month falls during the middle of the week, complete the week on that expense sheet prior to submitting it to your supervisor.

For example: If October 31st falls on a Monday, put all days for that week (through November 4th) on the October expense sheet prior to submitting to your supervisor for review.

VIII. ADDITIONAL INFORMATION:

If you have any questions or need additional information, contact your Supervisor.

Dr. Karen Beck State Director

DISTRIBUTION:	SUBJECT CATEGORY:
All MPID Personnel	Administrative

Attachment 1

Information to consider for all examples below: Consider that an employee's duty station (**A**) is 25 miles from their home (**H**). Their total Normal Commuter Mileage would be 50 miles (25 miles from home to duty station + 25 miles from duty station back to home = 50 miles).

Example 1:

An employee travels from home (H) to duty station (A) and then returns home (H).



The graphic above represents normal commuter mileage (50 miles). This mileage cannot be claimed.

Example 2:

An employee travels from home to duty station (A), then another establishment on their patrol (B) and then returns home (H).



If adding the mileage together from above:

25 miles + 30 miles + 50 miles = 105 Total Miles Traveled.

To calculate the reimbursable mileage to be claimed, you would subtract the Normal Commuter Mileage from the Total Miles Traveled.

105 Total Miles Traveled – 50 Normal Commuter Miles = 55 miles

<u>55 miles</u> can be claimed on the employees Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form.

Example 3:

An employee travels from home (\mathbf{H}) to an establishment on their route that is <u>not</u> considered their duty station (\mathbf{B}) and then returns home (\mathbf{H}). The employee's duty station was not working this day.



If adding the mileage together from above:

50 miles + 50 miles = 100 Total Miles Traveled.

To calculate the reimbursable mileage to be claimed, you would subtract the Normal Commuter Mileage from the Total Miles Traveled.

100 Total Miles Traveled – 50 Normal Commuter Miles = 50 miles

<u>50 miles</u> can be claimed on the employees Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form.

Example 4:

An employee travels from home (\mathbf{H}) to an establishment <u>not</u> on their assigned route (\mathbf{C}) and then returns home (\mathbf{H}). The employee's duty station was not working this day.



If adding the mileage together from above:

20 miles + 20 miles = 40 Total Miles Traveled

In this case, the Total Miles Traveled (40 miles) is less than the employee's Normal Commuter Mileage (50 miles), therefore the mileage in this scenario cannot be claimed on the employees Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form.