

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 per diem rates and add accounting codes to create three separate forms to reduce the timeframe for the filing the reimbursement. This Notice applies to all employees.

II. CANCELATION:

MPID Notice 12-23 dated 8-02-2023

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.
- 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.

 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.

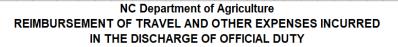
See the <u>MPID Notice</u> entitled "<u>Reimbursement of Travel, Lodging, and Per Diem during</u> <u>Official Training</u>" for information pertaining to travel reimbursement when attending official training(s).

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</u> <u>website</u> each time you complete a reimbursement request. Choose the appropriate form, depending on the section of the organization you fall under.

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



INSTRUCTIONS TO CLAIMANT. Submit one original to Accounting. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your	records. Please complete amount,
company, account and center fields. Must be filed at least monthly and nor later than 30 days after month enus. Hust be prepared in ink or typed. All claims for non-travel e	expense reimbursement must be
emergency use only and must be justified in a supporting document. MILEAGE RATE EFFECTIVE 1-1-2024	Chock if address is now

Completely fill out the top portion including Name, Address, Division/Section, Title, Headquarters, Beacon # (see *<u>Disclaimer</u> below), and Period Covered by Request. The period covered should include the month, date range, and year.

*<u>Disclaimer</u>: The Beacon # as requested on the form is now referring to a Fiori # or the Personnel No. on your paystub. For personnel that were employed with the department and had Beacon access, the number entered here will remain the same.

NC Department of Agriculture REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY

INSTRUCTIONS TO CLAIMANT. Submit one original to Accounting. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your records. Please complete amount, company, account and center fields. Must be filed at least monthly and not later than 30 days after month ends. Must be prepared in ink or typed. All claims for non-travel expense reimbursement must be emergency use only and must be justified in a supporting document. MILEAGE RATE EFFECTIVE 1-1-2024

Payee's Name (First, Middle Initial, Last)	Division/Section	Beacon #
Bonnie B Blueberry	MPID/1140	111112
Payee's Address (Street)	Title	Headquarters (City)
12 Blueberry Street	Inspector I	Berry
City, State, Zip)	Period Covered by this Request (from/to)	
Fruitville, NC 00000	January 1-31, 2024	

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 instate mileage, the miles shall be recorded in the I/S @.67 section. For out-of-state mileage, the miles shall be recorded in the O/S @.67 section.

Travel (sh	ow each city visited		Transp	ortation			
Day 1	From	-	То		1	In-State	Out-of-State
5	Berry TA 1111		Berry P0	0	G		
	Berry P00		Red Vine	P001	А		
Depart		Arrive					
34 I/S (<u>a</u> .67	(0/S @ .67		Ρ	22.780	0.000

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 (sh	now each city visited	d)					Transpo	ortation
Day 1	From		То			1	In-State	Out-of-State
5	Berry TA 1111		Ber	ry P00		G		
	Berry P00		Red	Vine I	P001	Α		
	Red Vine P001	_	Red	Vine I	P002	0		
Depart		Arrive						
I/S (മു.67		O/S	@ .67		Р	0.000	0.000
Day 2	From		То			1	In-State	Out-of-State
5 cont	Red Vine P002		Ber	ry TA '	1111	G		
						A		
						0		
Depart		Arrive						
87 I/S (a.67		0/S	@ .67		Р	58.290	0.000

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.
- Your destination city needs to be included in the "**To**" column along with where you are (office, hotel, home, etc.).
- 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 meals 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 (sh	now each city visite	ed)				Transp	ortation		Subsistence		
Day 4	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State	
10	Berry Home		Raleigh Of	fice	G	16.00		в			
	Raleigh Office		Raleigh Ho	otel	Α			L	13.30		
					0			D	23.10		
Depart	8:00 AM	Arrive						н	P-Card		
24 I/S (@.67		0/S @ .67		Р	16.080	0.000	т	36.40	0.00	
Day 5	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State	
11	Raleigh Hotel		Raleigh Of	fice	G	12.00			10.10		
	Raleigh Office		Berry Hom	ie	А			L	13.30		
					0			D			
Depart		Arrive		5:45 PM				н			
142 I/S (@. <mark>6</mark> 7		0/S @ .67		Ρ	95.140	0.000	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 (sh	now each city visite	w each city visited) Transportation							Subsi	stence
Day 4	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home		Raleigh Ot	ffice	G	16.00		в		
	Raleigh Office		Raleigh Ho	otel	А			L	13.30	
					0			D	23.10	
Depart	8:00 AM	Arrive						н	P-Card	
24 I/S (24 I/S @.67		0/S @ .67		Р	16.080	0.000	т	36.40	0.00
Day 5	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel		Raleigh Ot	ffice	G	12.00		в	10.10	
	Raleigh Office		Berry Hon	ne	А			L	13.30	
					0			D		
Depart		Arrive		5:45 PM				н		
142 I/S (@. <mark>6</mark> 7		0/S @ .67		Р	95.140	0.000	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 + 0	Occupancy 7	Гах					

*State rate is \$89.10 or less. Let the hotel know that NCDA&CS is sales tax-exempt and that you can send 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 for reimbursement.

Travel (sh	now each city visite	ed)				Transpo	ortation		Subsi	stence
Day 4	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home		Raleigh Office			16.00		в		
	Raleigh Office		Raleigh H	otel	А			L	13.30	
					0			D	23.10	
Depart	8:00 AM	Arrive						н	P-Card	
24 I/S (@. <mark>6</mark> 7		0/S @ .67		Р	16.080	0.000	т	36.40	0.00
Day 5	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel		Raleigh O	ffice	G	12.00		в	10.10	
	Raleigh Office		Berry Hor	ne	А			L	13.30	
					0			D		
Depart		Arrive		5:45 PM				н		
142 J/S (@.67		O/S @ .67		Р	95.140	0.000	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 (sh	now each city visite	ed)				Transp	ortation		Subsi	istence
Day 4	From		То		1	In-State	Out-of-State		In-State	Out-of-State
10	Berry Home		Raleig	h Office	G	16.00		в		
	Raleigh Office		Raleig	h Hotel	А			L	13.30	
					o			D	23 10	
Depart	8:00 AM	Arrive						н	P-Card	
24 I/S (24 I/S @.67		0/S@.	67	Ρ	16.080	0.000	т	36.40	0.00
Day 5	From		То		1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel		Raleig	h Office	G	12.00			10.10	
	Raleigh Office		Berry	Home	А			L	13.30	
					o			D		
Depart		Arrive		5:45 PN	1			н		
142 I/S (@.67		0/S@.	67	Р	95.140	0.000	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 via LincPass (if available) using the claimant box under signatures.

Payee's Name (First, Middle Initial, Last)	Division/Section	Beacon #			
Bonnie B Blueberry	1140/MPID	123456790			
Payee's Address (Street)	Title	Headquarters (City)			
12 Blueberry St	Inspector I	Berry			
(City, State, Zip)	Period Covered by this Request (from/to)				
Envihille NC 4024E	January 1 - 31				
Under the penalties of perjury I certify this is a true and accurate statement of the city of Ic Igin Ond allowances incurred in the service of the State	g, expenses I have examined this reimbursement r	equest and certify that it is just and reasonable.			
(Claimant) Signed by: CODY BRANDON (Affiliate)	Area Supervisor	Date			
	E AND DATES ARE REQUIRED FOR PROCESSING				

Then, 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.

89	↑ ↓ % ~ ~	Travel Expense - B	lueberry - I	Message		A –	- 0	×		
File Messa	ge Insert Dra	w Options Fo	rmat Text	Review	Help	Acrobat	<u>ک</u>	Tell me		
$\square \lor \checkmark Bookman Old S \lor 12 \lor B I \sqcup \checkmark \lor \cdots $										
\triangleright	To O <u>Fru</u>	itfarmsupervisor@nc	agr.gov;							
Send	Cc									
	Subject Trave	Expense - Blueberry								
										

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>

If you do not have LincPass – Compliance and New Inspectors – print, sign, scan, and email the completed form to your supervisor for review with "Travel Expense" and your last name in the subject line. The supervisor will review the form for accuracy and if acceptable forward the form for submission to <u>MPID.TravelForms@ncagr.gov</u>. Raleigh Office Staff – should print and sign a hard copy of the form to turn into Sharmila.

If you have any receipts (parking, hotel, etc.), you will need to scan those and email them to your supervisor with the travel reimbursement form.

Per the <u>MPID Notice</u> entitled **Report Due Dates**, 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.

VII. ADDITIONAL INFORMATION:

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

Dr. Karen Beck State Director

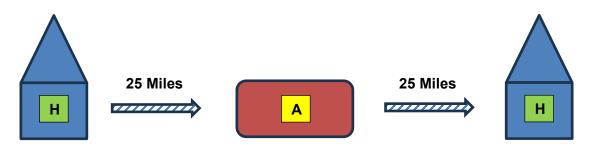
DISTRIBUTION:	SUBJECT CATEGORY:
All MPID Personnel	Administrative

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:

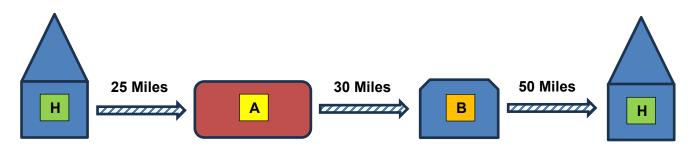
An employee travels from home (H) to duty station (A) and then returns home (H).



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.

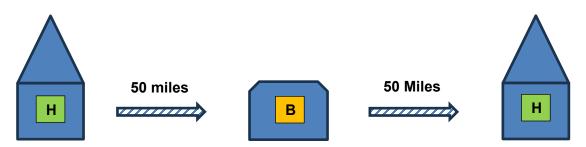
To calculate the reimbursable mileage to be claimed, you would subtract the Normal Commuter Mileage from the Total Miles Traveled.

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.

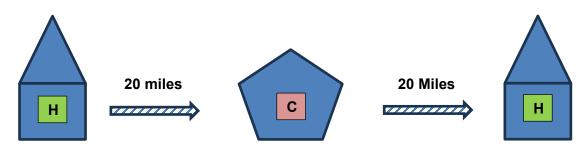
To calculate the reimbursable mileage to be claimed, you would subtract the Normal Commuter Mileage from the Total Miles Traveled.

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 (**H**) to an establishment <u>not</u> on their assigned route (**C**) and then returns home (**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.