I. **GENERAL**

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes responsibilities, policies, procedures, and guidelines for the reimbursement of travel expenses incurred by employees while conducting official departmental business.

II. **POLICY**

The ADOC will reimburse its employees for all travel expenses incurred during the normal course of business whenever such travel has been approved and meets the criteria for reimbursement, as promulgated by the Department of Finance.

III. **DEFINITION(S) AND ACRONYM(S)**


B. **Duty Station:** The institution or city/town to which an employee is assigned.

C. **Base:** The employee’s primary residence or duty station (defined as city/town), whichever is closest to the travel destination.

D. **Per Diem:** A travel allowance paid in lieu of actual expenses which may include either a subsistence (meal) allowance, a subsistence allowance plus a portion of the daily allowance when the trip exceeds twelve hours, or a full daily allowance for overnight trips.

E. **Overnight:** The period beginning thirty minutes after sunset and ending thirty minutes before sunrise during which a rest period is taken.
Individuals who remain in work status during the night are not eligible for overnight per diem.

F. Travel Reimbursement Request (Expense Account): The Department of Finance form(s) that must be prepared and submitted by the traveler to obtain reimbursement of travel expenses.

IV. RESPONSIBILITIES

A. Each employee must:

1. Obtain his/her supervisor’s approval of pending plans prior to submitting travel requests for the approval of the Commissioner/designee;

2. Schedule authorized travel in the most efficient and economical manner;

3. Submit his/her travel reimbursement request (expense account) in a timely manner, but no more frequently than semi-monthly;

4. Ensure that the information presented on the expense account is accurate. Alterations of travel related documents or other intentional acts to circumvent reimbursement limits are considered as a falsification of state documents and fraud;

5. Use the appropriate form(s) when preparing an expense account and must ensure that reimbursement requests will not result in duplicate payments; and

6. Ensure that the state vehicle assigned for his/her travel, if applicable, is parked in a safe location and locked when not in use.

B. The employee’s immediate supervisor must ensure that the most efficient mode of transportation for each travel assignment has been selected.

C. The Accounting Division must audit each expense account to ensure technical compliance with ADOC and Department of Finance guidelines.

D. The ADOC Fiscal Manager must reject any expense account that fails to comply with established criteria.

V. PROCEDURES

A. Only emergency and necessary travel expenses essential to the transacting of official state business will be reimbursed.
B. The employee must be away from his/her base to qualify for a travel allowance.

C. All employees performing official duties on scheduled off days at a location other than their base will be reimbursed travel expenses incurred on those days.

D. All employees are expected to travel only when it is absolutely necessary. Whenever possible, telephone calls, email, and letters should be used in lieu of travel.

E. All employees are expected to plan and coordinate travel. When possible, travel should be coordinated in order to share transportation.

F. All employees are expected to utilize the most economical means of transportation. Unless an authorized exemption is obtained, employees will use an ADOC vehicle for authorized travel. If an ADOC vehicle is unavailable, the following will apply:

1. Employees based in the City of Montgomery:
   a. If an ADOC vehicle is unavailable, employees are authorized to use a State Motor Pool vehicle. If no State Motor Pool vehicle is available, the State Motor Pool will provide certification documentation.
   b. If neither an ADOC vehicle nor State Motor Pool vehicle is available, the employee may use his/her personal vehicle and receive reimbursement for such use as provided under paragraph V.J.5.

2. Employees based outside the City of Montgomery: If an ADOC vehicle is unavailable, the employee must obtain the Warden’s/Division Director’s approval to use his/her personal vehicle to receive reimbursement for such use as provided under paragraph V.J.5.

3. Mileage
   a. Employees are expected to utilize ADOC vehicles when travel is necessary. If no departmental vehicle is available when needed, the use of a State Motor Pool vehicle is authorized. If neither is available, an employee may be authorized to use his/her personal vehicle and receive reimbursement for its use. A mileage allowance is paid in lieu of actual expenses incurred while using privately owned vehicles in conducting state business at a rate established by
the Governor. The current mileage rate can be found on the Department of Finance Comptroller’s Office website at comptroller.alabama.gov.

b. A mileage allowance will only be paid to employees actually traveling in privately owned vehicles.

c. An employee who is either called in after hours or required to work on scheduled off days, due to an emergency or other exceptional duty, is entitled to reimbursement for necessary mileage incurred in the performance of that duty.

d. Mileage will be paid for the distance of the most direct route from the base to the travel destination.

e. For employees based within the City of Montgomery, a mileage allowance will be paid only when the State Motor Pool provides certification that no vehicle was available.

f. Employees based outside the City of Montgomery may claim mileage reimbursement with only the Warden’s approval.

G. Expense accounts must provide the employee's home address. If the employee’s home address is a P.O. Box, the employee must add a notation to the form indicating his home city. Example: ‘My home city is Prattville, AL.’

H. All travel shall be approved in advance by the Commissioner, who may delegate the approval authority to lower-level supervisors, as long as the purpose of travel is within the normal scope of duties assigned to the employee. The Commissioner/designee shall approve the expense account form submitted for claiming travel reimbursement. The pre-travel and post-travel review and approval requirements are outlined in Annex A.

I. All employees are expected to minimize overnight trips. Overnight trips should not be scheduled for destinations within a 100-mile radius of the base. Any variance must have specific justification and the Commissioner/designee approval.

1. Overnight trips of less than 100 miles (including Birmingham when traveling from Montgomery) for one night are not permitted.

2. Overnight trips of less than 100 miles for two or more nights are permitted if, based on the judgment of the Commissioner/designee, returning home each night is unreasonable.

J. **In-State Travel** - The state's travel law provides for three types of
reimbursement for in-state travel: (1) per diem, (2) personal car mileage, and (3) miscellaneous purchases allowable under State procurement laws. Applicable rates are provided in Annex B.

1. Individuals who travel inside the State of Alabama in the service of the State are to submit a signed Form FRMS-6, *Statement of Official In-State Travel*, listing dates, points of travel, mileage (if applicable), hour of departure and return, and the amount of per diem claimed. The Commissioner/designee, as the approval authority must sign this form. For audit purposes, expense accounts must show the hour of departure and the hour of return only on those trips for which per diem is claimed.

2. For overnight travel, if suitable accommodations are not available near the travel destination, the Commissioner/designee may authorize the employee to seek suitable accommodations as close as possible to the assignment location.

3. Travel expenses incurred by employees in excess of amounts allowable under these policies will be the responsibility of the employee.

4. Per Diem
   a. A daily subsistence (meal) allowance is provided for a single trip away from the assigned base of six (6) hours through twelve (12) hours duration and where there was no interim return to base or residence. However, if a meal is provided to the employee during this period, the subsistence allowance may not be claimed (Attorney General’s Opinion, 6/30/1988).
   b. A daily subsistence (meal) allowance, plus one-fourth the daily per diem rate is provided for a single trip away from the assigned base of over twelve hours where there was no interim return to base. However, if a meal is provided to the employee during this period, only the amount of one-fourth the daily per diem rate is allowable. The subsistence allowance may not be claimed (Attorney General’s Opinion, 6/30/1988).
   c. Overnight per diem rates are reduced once the trip duration exceeds 60 days.

5. Miscellaneous Expenses:

   Allowable miscellaneous expenses may include parking fees and operating expenses for state-owned vehicles, such as gasoline and
oil, and emergency repairs or expenses of these vehicles, such as tire punctures and parts. Receipts for repairs must be itemized and conform to State Purchasing guidelines. Questions regarding whether or not a specific item is an allowable miscellaneous expense should be addressed to the Accounting Division. Receipts are required for reimbursement of all miscellaneous expenses.

K. Out-Of-State Travel

1. Requests for out-of-state travel will not be approved unless such travel is essential to the operation of the Department or will result in direct financial benefit to the State of Alabama.

2. Employees who are authorized to travel out-of-state will be reimbursed for actual and necessary expenses incurred, in accordance with the Department of Finance Fiscal Manual. Such expenses must be reasonable.

3. All out-of-state travel by an official or employee of the Department of Corrections must first be:

   a. Authorized by employee’s immediate supervisor at which time employee submits FRMS 5 on-line at [http://oos.alabama.gov](http://oos.alabama.gov). When submitted, an automated e-mail is sent to the Commissioner’s Travel Designee for review and approval by the Commissioner/designee;

   b. Approved by the agency designee prior to travel occurring, and ensure the Governor’s Office approval is received. Such approval must be evidenced on Form FRMS-5, Request for Out-of-State Travel. This form must accompany the expense account when requesting reimbursement and must be signed by the employee and the employee’s supervisor. For two or more employees traveling out-of-state, a separate approval must be obtained for each traveler. An example of Form FRMS-5 is attached as Annex C. Forms FRMS-5 and FRMS-6A are available on the Department of Finance Comptroller’s web site; The forms can be accessed as follows:

   1) Go to DOCnet (the DOC intranet).

   2) Click on ADOC Forms.

   3) Click on Travel Forms.

   4) Click on the link to [oos.alabama.gov](http://oos.alabama.gov) under Out of State Travel.
5) Click on Request New Travel to create Form FRMS-5.

(a) The FRMS-5 form requires:

(1) Purpose of travel;

(2) Dates of travel; and

(3) Estimates of travel expenses summarized to six (6) categories:

(a) Lodging (including parking and business services);

(b) Meals;

(c) Transportation (airfare/baggage/mileage);

(d) Conference/registration fees;

(e) Transit at destination; and

(f) Airport parking.

(b) Electronically completed Forms FRMS-5 will automatically generate a code which displays on the bottom of the form. When this code is entered at https://oos.alabama.gov an estimated Out-of-State Travel Form, FRMS-6A, will be prepopulated to edit and print the final expense report.

4. Once Form FRMS-5 has been “finalized” (meaning submitted electronically), no changes can be made to the itinerary, travel mode, or estimated expenses. Such changes would require cancellation of the initial request and submission of a new request.

5. Once the mode of transportation has been selected and approval is obtained, deviations to expense reimbursement are not allowed. Employees are entitled to reimbursement for actual and necessary expenses incurred based on the authorized mode of travel. For example: reimbursement will not be made for private automobile use when the approved mode is commercial travel or for commercial travel when the approved mode is private automobile use.
Additional expenses incurred strictly for an employee’s personal convenience will not be reimbursed.

6. Employees who travel outside the State of Alabama in the service of the State and are seeking reimbursement should submit Form FRMS-6A, Statement of Out-of-State Travel, along with the approved Form FRMS-5, Request for Out-Of-State Travel, signed by the Governor that authorizes the travel for reimbursement. An electronically submitted Form FRMS 5 will prepopulate an estimated out-of-state travel form FRMS 6A to edit and print the final expense report.

7. The expense account form must indicate the hour of departure and the hour of return to base for audit purposes, and must be accompanied by a receipt for each expenditure for which reimbursement is being requested, when submitted to the Accounting Division for payment.

8. Departmental management will designate the mode of transportation. The employee must ensure that commercial transportation, such as airline and car rental, is obtained in accordance with any existing state contracts for those services.

   a. Any person utilizing commercial airlines for out-of-state travel must turn in the receipt to the Accounting Division, even if the ticket was charged to the Department through a travel agency and will not be included on an expense account. For out-of-state air travel, economy/coach accommodations must be used.

   b. For persons traveling outside the state in their privately owned vehicle, the In-State mileage allowance and guidelines will apply.

9. The price of meals must be reasonable for the location. For meal reimbursement:

   a. Meal limitations are based upon a single day meal cap that includes tips and are based on geographic location. The State will use the US General Services Administration published daily meal rates (excluding incidental expenses) for each city/state found at http://www.gas.gov/portal/category/104711 (Per Diem/M & IE meals tabs). Rates for Continental United States (CONUS) are published each fiscal year effective October 1.
b. Required receipts must include what was purchased, date, name, and location of the restaurant, and the number of people served.

c. In lieu of submitting a receipt for a meal costing less than $10.00, the traveler can elect to complete ADOC Form 107-B, Meals Reimbursement Form for Meals Under $10.

d. Requests for reimbursement of meals must be itemized regardless of receipt requirement. (Section 41-4-54, 1975 Code of Alabama).

10. Reimbursement for alcoholic beverages is prohibited.

11. Reimbursement of meals for a person other than the traveler is prohibited.

12. Meals are not limited by time or to an amount per meal. Reimbursement of meals on the day of departure and the day of return are based on departure and return times. If the traveler departs prior to the breakfast and lunch times or returns after the dinner time listed below, the traveler may claim the meal, as long as they are not within the area of their base city. The time constraints are as follows:

   a. Breakfast – If you depart before 6:00 a.m., you may claim reimbursement for breakfast on out-of-state travel.

   b. Lunch – If you depart before 11:00 a.m., you may claim reimbursement for lunch on out-of-state travel.

   c. Dinner – If you return after 7:00 p.m., you may claim reimbursement for dinner on out-of-state travel.

13. The following expenses are considered allowable for reimbursement in the circumstances indicated:

   a. Parking fees paid during travel status;

   b. Tips for baggage handling, but should not exceed the usual and customary charges for these services;

   c. Service cost for hotel room (if included in the hotel bill, include in the price paid for the room);

   d. Miscellaneous purchases as identified under In-State travel guidelines, paragraph V.J.6; and
e. Hotel parking and business services will be included in lodging and be paid as object code 0400-03.

14. Correction of Small Dollar Mistakes

a. When the Department’s expense review staff identifies a small dollar mistake, not to exceed $10, staff can correct the mistake and finish processing the request without having to return to the employee to correct and return. The employee must indicate his agreement by attaching a completed Consent to Correction of Small Mistakes Form attached as ADOC Form 107-A. By signing this form the employee is agreeing to allow mistakes of less than $10 to be corrected and processed.

b. This is the employee’s option. If the form is not attached to the expense report, any error, no matter how small, will be returned to the employee to correct and restart the reimbursement process.

L. **Indirect Route or Interrupted Travel** - If travel is interrupted for personal convenience or through the taking of leave, the travel allowance must not exceed the costs that would have been incurred for authorized uninterrupted travel.

M. **ADOC Provided Meals** – The ADOC may, at its discretion, provide meals in conjunction with meetings, training sessions, and similar business related events when doing so would result in an overall cost savings to the Department. Employees attending such events are not eligible for a meal allowance. (Attorney General’s Opinion, 6/30/1988).

VI. **DISPOSITION**

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. **FORMS**

Forms referred to within this regulation are implemented according to the Department of Finance Fiscal Manual and by the Department of Corrections. Those forms include:

A. FRMS-5, *Request for Out-of-State Travel*.

B. FRMS-6, *Statement of Official In-State Travel*.  


D. ADOC Form 107-A, *Consent to Correction of Small Mistakes on Travel Reimbursement Request.*

E. ADOC Form 107-B, *Meals Reimbursement Form for Meals under $10.*

VIII. **SUPERCEDES**

A. This Administrative Regulation supercedes AR 107, *Travel Reimbursement,* dated June 29, 2004 and any changes.

IX. **PERFORMANCE**

A. Code of Alabama 1975 as amended, Sections 36-7-20 through 36-7-23.

B. All applicable rules and regulations established by the Department of Finance. Such criteria are applicable regardless of funding source (budgeted funds or Institution Contingency Funds).

**ANNEXES:**

A. *Travel Review and Approval Requirements,* dated October 1, 2014.

B. *Schedule of In-State Travel Allowances,* dated October 1, 2014.

C. *Automated OOS Travel Flow Chart.*
**STATE OF ALABAMA**

**REQUEST FOR OUT OF STATE TRAVEL**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Division</th>
<th>Date</th>
</tr>
</thead>
</table>

Dear Governor:

Request is respectfully made for authorization to travel to the city of [City] for the purpose of attending [Event].

**Home Base City:** [City]  
**Work Base City:** [City]

**DRIVE:**

<table>
<thead>
<tr>
<th>Depart</th>
<th>Case</th>
<th>Day</th>
<th>Time</th>
<th>Date</th>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>[From]</td>
<td>[To]</td>
<td>[Miles (1 way)]</td>
<td>[Time (1 way)]</td>
<td>[HR]</td>
<td>[MIN]</td>
<td>[Miles (1 way)]</td>
</tr>
</tbody>
</table>

**FLY:**

<table>
<thead>
<tr>
<th>Depart</th>
<th>[Airport]</th>
<th>Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>[From]</td>
<td>[To]</td>
<td>[Airport]</td>
</tr>
</tbody>
</table>

**FLY on DRIVE Arrive:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Leave</th>
<th>(Air) Airport / City (St)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave</td>
<td>(At Airport / City (St))</td>
<td></td>
</tr>
</tbody>
</table>

**First Meeting Begins:**

<table>
<thead>
<tr>
<th>Date</th>
<th>End of Meeting (St)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Last Meeting Ends] (or Closing Request)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Mode of Transportation**

**Estimated Costs**

<table>
<thead>
<tr>
<th>Driver</th>
<th>Passenger</th>
<th>Round Trip Mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____</td>
<td>$ _____</td>
<td>$ _____</td>
</tr>
</tbody>
</table>

**Agency Vehicle:**

<table>
<thead>
<tr>
<th>Mileage</th>
<th>($0.55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Mileage]</td>
<td>($0.55)</td>
</tr>
</tbody>
</table>

**Airline Purchase:**

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Travel Agency Used</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____</td>
<td>$ _____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hotel:**

<table>
<thead>
<tr>
<th>Company</th>
<th># of nights</th>
<th>Base quote</th>
<th>Gas (not pre-pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Company]</td>
<td>$ _____</td>
<td>$ _____</td>
<td></td>
</tr>
</tbody>
</table>

**Conference & Registration Fees:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Date]</td>
<td>$ _____</td>
</tr>
</tbody>
</table>

**Other Expenses:**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____</td>
</tr>
</tbody>
</table>

---

**Agency/Board**

<table>
<thead>
<tr>
<th>State Funds</th>
<th>% Name:</th>
<th>Federal Funds</th>
<th>% Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[State Funds]</td>
<td>% Name:</td>
<td>[Federal Funds]</td>
<td>% Name:</td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Other]</td>
<td>[Name]</td>
</tr>
</tbody>
</table>

---

**Employee**

<table>
<thead>
<tr>
<th>Contract</th>
<th>Board Member</th>
<th>Guest</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Contract]</td>
<td>[Board Member]</td>
<td>[Guest]</td>
<td>[Approved]</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Transfer / Date</th>
<th>Approved</th>
<th>Division Head / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Transfer / Date]</td>
<td>[Approved]</td>
<td>[Division Head / Date]</td>
</tr>
</tbody>
</table>

**Name**

<table>
<thead>
<tr>
<th>(Please type or print)</th>
<th>Approved</th>
<th>Agency Director / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name]</td>
<td>[Approved]</td>
<td>[Agency Director / Date]</td>
</tr>
</tbody>
</table>
# STATE OF ALABAMA

## STATEMENT OF OFFICIAL IN-STATE TRAVEL

<table>
<thead>
<tr>
<th>Department/Agency</th>
<th>Code Number</th>
<th>Division</th>
<th>Funds</th>
</tr>
</thead>
</table>

**APPROVED**

Current Title

Department Head

Name

Address

City

State

Zip

Official Station or Base

SSN

Above space for Name, Address & SSN of Traveler

<table>
<thead>
<tr>
<th>Month And Date</th>
<th>POINTS OF TRAVEL</th>
<th>Private</th>
<th>Hour of Departure</th>
<th>Hour of Return</th>
<th>Amount Per Diem Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From City</td>
<td>To City</td>
<td>Car</td>
<td>From Base AM/PM</td>
<td>To Base AM/PM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Miles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Miles Traveled**

Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary.

**MISCELLANEOUS EXPENSE**

**TOTAL THIS EXPENSE ACCOUNT** $_____

I HEREBY CERTIFY that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel granted me.

Signature of Traveler

Sworn to and subscribed before me this ______ day of

Notary Public

FRMS-6
### STATE OF ALABAMA

**Statement of Official Out of State Travel**

<table>
<thead>
<tr>
<th>Department/Agency</th>
<th>Code Number</th>
<th>Division</th>
<th>Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Traveler</th>
<th>Social Security Number</th>
<th>Official Station or Base</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Traveler (including street, city, state, and zip code)</th>
<th>Purpose of Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

I hereby certify that the within account in the amount of $ is correct, due, and unpaid.

APPROVED:

Departmental

Notary Public

**RECAPITULATION OF EXPENSES**

<table>
<thead>
<tr>
<th>Travel Expenses</th>
<th>Amount</th>
<th>Emergency and Necessary Expenses Incurred in Connection with Travel</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Transportation (incl rental car/gas) 0400.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mileage, private car 0400.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals and lodging 0400.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBTOTAL TRAVEL EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL TRAVEL EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ITEMIZED STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR PERIOD TO**

<table>
<thead>
<tr>
<th>Date and/or Time</th>
<th>From City/State</th>
<th>To City/State</th>
<th>Hour of Day</th>
<th>Private Car Miles / Fare Description</th>
<th>Commercial Fare Amount</th>
<th><strong>SUBSISTENCE</strong></th>
<th>Total Meals</th>
<th>Lodging</th>
<th>Total Meals &amp; Lodging</th>
<th><strong>Necessary Expense &amp; Conference Registration</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS**

FRMS - 6A
ALABAMA DEPARTMENT OF CORRECTIONS

CONSENT TO CORRECTION OF SMALL MISTAKES ON TRAVEL REIMBURSEMENT REQUEST

By signing this form and submitting it with my travel reimbursement request, I agree to allow the Agency to correct any and all small dollar mistakes, up to a maximum total of $10.00, and continue processing the reimbursement without returning the request to me to be corrected.

This consent is applicable for my travel on the following dates:

Travel from (date)________________

Travel to (date)________________

Employee Name____________________________________

Employee Signature_________________________________

Date______________________________________________

ADOCS Form 107-A
ALABAMA DEPARTMENT OF CORRECTIONS

OUT OF STATE TRAVEL

MEALS REIMBURSEMENT FORM FOR MEALS UNDER $10
(Submission of receipts for meals under $10 is not required)

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY OF THE WEEK</th>
<th>TIME</th>
<th>RESTAURANT NAME</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification Statement:

I certify that the meals under $10 listed above represent actual expenses incurred by me on official State of Alabama travel.

__________________________________________
Employee Name

__________________________________________
Employee Signature Date

ADOC Form 107-B
TRAVEL REVIEW AND APPROVAL REQUIREMENTS

I. IN-STATE TRAVEL

A. PRE-TRAVEL APPROVAL:

Any employee traveling within state in conjunction with their official duties must obtain approval prior to all such travel.

1. Proposed travel plans must first be reviewed and authorized by the employee’s immediate supervisor.

2. If the supervisor concurs with travel plans, a travel request will be submitted by email to the Associate or Deputy Commissioner over the employee’s institution or division, as applicable, unless specifically exempted.

B. POST-TRAVEL REVIEW:

1. An expense account must be submitted at the conclusion of the authorized travel for the appropriate travel allowance(s) as identified in Annex B.

2. The completed expense account form must be emailed to the Central Office Accounting Division for review.

3. The Chief Financial Officer reviews the expense account, as the Commissioner’s designee, and either approves or denies the claim.

II. OUT-OF-STATE TRAVEL

A. PRE-TRAVEL APPROVAL:

Any employee traveling outside of the state while in conjunction with their official duties must obtain approval prior to all such travel.

1. Proposed travel plans must first be reviewed and authorized by the employee’s immediate supervisor.

2. After the supervisor authorizes the employee’s travel plans, the employee will submit Form FRMS 5 on-line at oos.alabama.gov. An automated e-mail will be sent to the Commissioner’s Travel Designee for review and approval by the Commissioner/designee.

3. With the concurrence of the Commissioner/designee, authorization for out-of-state travel must then be requested from the Governor.

B. POST-TRAVEL:

1. An expense account must be submitted within 45 days of the conclusion of the authorized travel for reimbursement of actual expenses incurred as authorized by this regulation.

2. The completed expense account form must then be submitted by e-mail to the Central Office Accounting Division for review.

3. The Chief Financial Officer/designee reviews the expense account and, if the request is correct, forwards to the Commissioner/designee with a recommendation of approval. Requests with minor errors will also be processed if the employee has signed and attached the Consent to Corrections of Small Mistakes form. Without the submission of the Consent to Correct Small Mistakes Form, any incorrect request will be returned to the employee to correct and restart the reimbursement process.
## SCHEDULE OF IN-STATE TRAVEL ALLOWANCES

### MILEAGE:

<table>
<thead>
<tr>
<th>Reimbursement</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowance to be provided in lieu of actual expenses (regardless of trip duration)</td>
<td>Current rate is available on the Department of Finance Comptrollers website at comptroller.alabama.gov. Click on mileage rates.</td>
</tr>
</tbody>
</table>

### SUBSISTENCE

(Travel away from base with same day return):

<table>
<thead>
<tr>
<th>Trip Duration</th>
<th>Subsistence Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 hours</td>
<td>** Unauthorized **</td>
</tr>
<tr>
<td>6 hours through 12 hours</td>
<td>$ 11.25 for meal allowance (15% of the daily per diem rate)</td>
</tr>
<tr>
<td>Over 12 hours</td>
<td>$ 30.00 (Represents one meal allowance, plus one-fourth the $75 daily per diem rate)</td>
</tr>
</tbody>
</table>

### PER DIEM

(Travel away from base with overnight stay without interim return):

<table>
<thead>
<tr>
<th>Trip Duration</th>
<th>Distance from Base</th>
<th>Daily Per Diem</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or more days (1 or more consecutive nights)</td>
<td>100 miles or less one way (Requires Commissioner’s approval.)</td>
<td>$ 75.00 (Effective 9/8/2005)</td>
</tr>
<tr>
<td>2 or more days (1 or more consecutive nights)</td>
<td>More than 100 miles</td>
<td>$ 75.00 (Effective 9/8/2005)</td>
</tr>
<tr>
<td>After being assigned to the same in-state location for 2 consecutive months</td>
<td></td>
<td>$ 56.25 (Effective 9/8/2005)</td>
</tr>
</tbody>
</table>
EXAMPLE

STATE OF ALABAMA
Request For Out-of-State Travel

Agency: ____________________________ Division: ____________________________ Date: ____________

Request is made for authorization to travel to: ____________________________ for the purpose of attending a: ____________________________

__ Depart Base: ____________________________ __ Fly: __

__ Your First Meeting Begin: ____________________________
__ (or Reserved/Reserved)
__ Your Last Meeting End: ____________________________
__ (or Closing Event)

__ Return Base: ____________________________

__ Car: ____________________________

__ Lodging + Parking + Business services: ____________________________ Total: ____________

__ # of nights: ____________________________

__ Conference & Registration Fees: ____________________________ Total: ____________

__ Parking at Event Location: ____________________________ Total: ____________

Employee Agreement:
I am familiar with both agency and state travel policies and procedures and hereby agree that the requested travel and associated expense reporting will be conducted with those travel policies and procedures.

Agency Director Approval:
By transmitting the Out-of-State Travel Request Form to the Governor, the Director/Commissioner acknowledges and approves this travel request. This agency recommends the Governor approve this request.

Agency/Board
State Funds: ____________________________ __ Name: ____________________________

Federal Funds: ____________________________ __ Name: ____________________________

Other: ____________________________ __ Name: ____________________________

Personal Funds: ____________________________

__ Employee ☐ Contract ☐ Board Member ☐ Guest ☐

GRAND TOTAL: ____________________________

TRAVELER REQUESTED APPROVAL

SUPERVISOR APPROVED
PER STATEMENT OF TRAVELER
(Internal Agency Use Only)

______________________________
Commissioner
______________________________
APPROVED

______________________________
Governor

Annex C - AR 107
Automated OOS Travel

TRAVELER submits request online website: oos@alabama.gov

TRAVELER uploads travel packet/documentation

TRADELENGEE opens link to Agency Approval Page
1. Check for the presence of the travel request form & travel packet documentation
2. If documentation missing, may upload for traveler or call traveler and ask them to do so
3. Review travel request and documents for accuracy
4. If necessary, call Governor’s Office to cancel

If granted authority by Agency Director

PRESS APPROVE

AGENCY DIRECTOR’S CHOICE opens links to Agency Approval Page
Complete the same 4 steps as above
PRESS APPROVE

AGENCY APPROVAL GRANTED:
Agency Director’s Name, Date & Time Stamp & Governor Signature Will Appear on Form

Note: The Executive Assistant to the Commissioner is the Travel Designee and the Agency Director’s Choice.