

SEP 23 2019

**Approved**

**REQUEST FOR AGENDA PLACEMENT FORM**

**Submission Deadline - Tuesday, 12:00 PM before Court Dates**

**SUBMITTED BY:**

**TODAY'S DATE: 09/23/2019**

**DEPARTMENT: Auditor**

**SIGNATURE OF DEPARTMENT HEAD:**

**REQUESTED AGENDA DATE: 09/12/2019**

**SPECIFIC AGENDA WORDING : Consideration of approval of revised Travel Policy, effective October 1, 2019.**

**SUPPORT MATERIAL: (Must enclose supporting documentation)**

**TIME: 2 min.**

**ACTION ITEM:**

<p>_____</p> <p>(Anticipated number of minutes needed to discuss item)</p>	<p><b>WORKSHOP</b> _____</p> <p><b>CONSENT:</b> _____</p> <p><b>EXECUTIVE:</b> _____</p>
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**STAFF NOTICE:**

<b>COUNTY ATTORNEY:</b> x	<b>IT DEPARTMENT:</b>
<b>AUDITOR:</b> _____	<b>PURCHASING DEPARTMENT:</b> _____
<b>PERSONNEL:</b> _____	<b>PUBLIC WORKS:</b> _____
<b>BUDGET COORDINATOR:</b>	<b>OTHER:</b> _____

**\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\***

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_

COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

**TRAVEL POLICY OF JOHNSON COUNTY**

Effective 10/01/2019 (rev. 09/23/2019)

**Approved****Travel Required By Law & Same Day Travel**

Commissioners Court does not require Court approval for travel to seminars, conferences or training that is **required by law** or for any travel that will be **completed within the same day**, i.e., a destination that is close enough that there is no over-night stay needed. In this case, "required" travel would be that which is incurred to meet the legal education requirements of an individual's position with the County as set by Texas statute or required to maintain a license required for the position. All other education-related travel must be placed on the agenda for approval by the Commissioners Court.

**Travel Reimbursement - Meals**

Johnson County will reimburse for meals using a per diem rate when employees are traveling on official County business.

The per diem rates are as follows:

\$37.00---EACH FULL DAY  
\$10.00---MORNING MEAL  
\$12.00---NOON MEAL  
\$15.00---EVENING MEAL

Per Diem or reimbursement of meals for same-day trips (there and back in the same day) will be permitted. Being a taxable fringe benefit, per the IRS, the invoice transmittal for the meal(s) will be handled as a payroll item by the Personnel Department for same-day trips. All others will be reimbursed through the Accounts Payable Division of the County Auditor.

Receipts are NOT required on a per diem rate policy. However, only in the case where the employee has a meal expense will the meal be included in the reimbursement. For example, if breakfast was provided by the training/seminar host, no reimbursement should be paid.

**Partial Day Meal Reimbursements**

- For date of departure, the employee is entitled to, at most, the lunch and evening meal reimbursement.
- For date of return, the employee is entitled to the morning and noon meals. If the return trip does not start until late in the day, and a meal was purchased, then the evening meal is also reimbursable.

Generally, if the meal was purchased, a reimbursement is in order. If not, the employee should not request a reimbursement.

**Mileage Reimbursement**

Mileage reimbursement will be paid at the same rate as is allowed by the IRS. The current rate can be found on the Travel Reimbursement Form [EXHIBIT C] **found on the County website (<http://joconet/>) under EMPLOYEE RESOURCES/COUNTY JUDGE'S OFFICE.**

When traveling by motor vehicle, the distance traveled will be determined by Google Maps or MapQuest, showing the miles from departure to destination location, to support the mileage reimbursement request. Use your normal work location as the departure address. The same method will be used for travel from your hotel to your meeting location. Employees are encouraged to use the form of travel that is the most economical. If travel is by airplane, the travel costs associated with the air travel will be reimbursed so long as the difference between the air travel costs and the mileage calculation for traveling by a motor vehicle do not exceed ten percent (10%). For example, if the mileage calculation for travel by motor vehicle is \$300, the County will reimburse up to \$330 dollars for air travel.

### **Meal Advancement and/or Reimbursement of Travel Expenses**

Employees have the option of requesting advance payment for meals only.

The travel Advance and Reimbursement forms [EXHIBITs B & C] can be obtained from the **County website (<http://joconet/>) under EMPLOYEE RESOURCES/COUNTY JUDGE'S OFFICE.**

A requisition for travel reimbursements and advances must be submitted to a Purchasing Agent to obtain a purchase order [see EXHIBIT A]. The signed and approved reimbursements and advances will then be receipted against the appropriate purchase order(s) [see EXHIBIT D] and processed through the Accounts Payable Division of the Auditor's Office.

Travel reimbursements should be submitted no later than ten (10) days after returning from travel.

Requisitions for advances may be submitted any time prior to the travel date and will be processed within thirty (30) days prior to the actual departure date.

### **Intra-County Mileage Reimbursement**

If the employee reports to a location other than their normal workplace for work or training and does not report to their normal workplace at all that day, no mileage reimbursement will be made. If the alternative work location represents a significant longer distance to travel than the normal workplace, then the mileage will be reimbursed.

If the employee reports to their normal workplace during their regular work hours and must travel to another location (midday travel) for work purposes and return, mileage may be claimed from the normal workplace to the other location and back (ROUND TRIP).

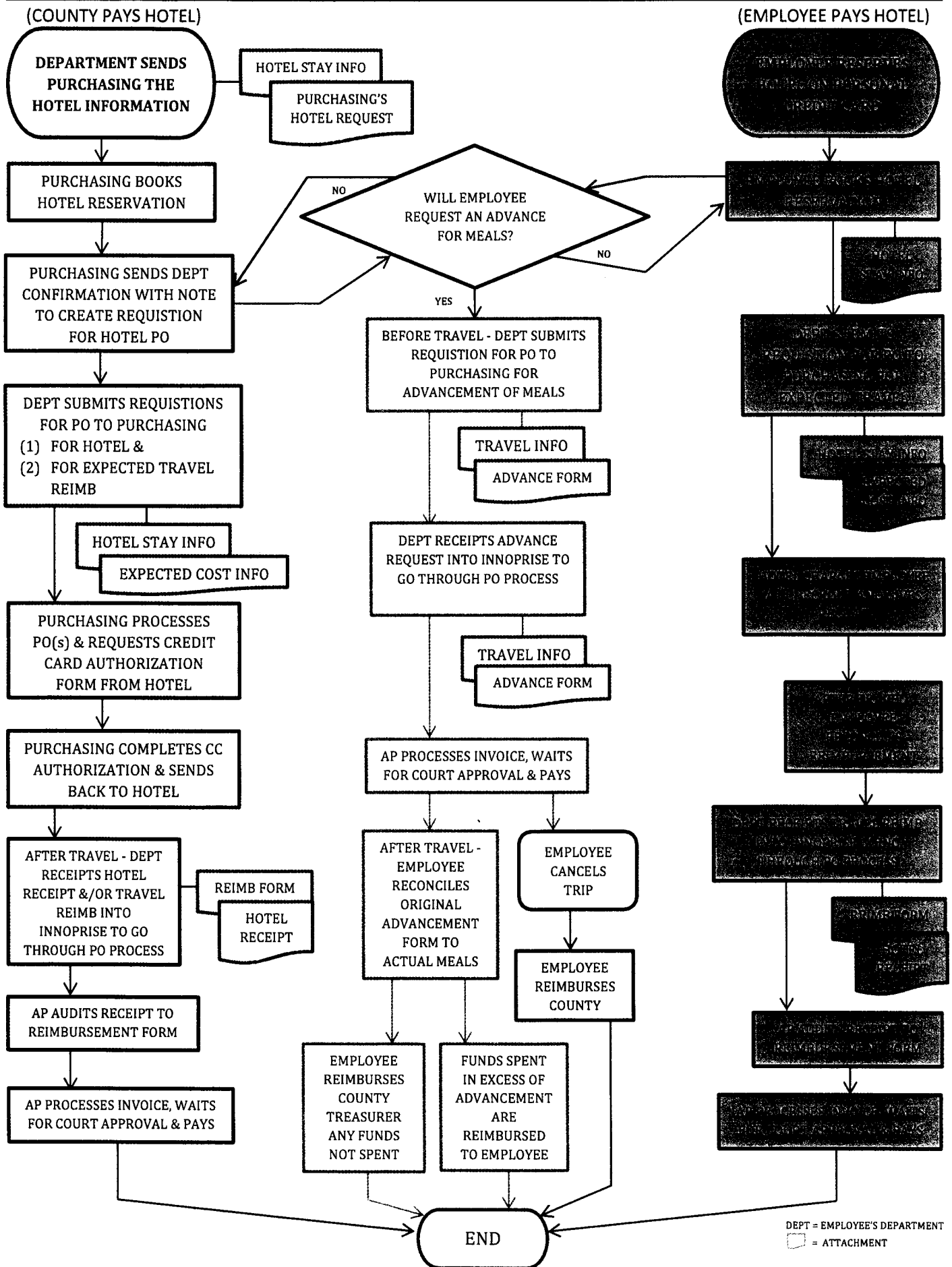
If the employee reports to the normal workplace during regular work hours with midday travel to another location with no return that day, mileage may be claimed (ONE WAY).

NOTE: The distance traveled will also be determined here by Google Maps or MapQuest, showing the miles from departure to destination location, to support the mileage reimbursement request.

### **Out-Of-State Travel**

Any out-of-state travel must be approved by the Commissioners Court. The traveler must show that such a trip is beneficial to the County. Out-of-state travel should be avoided if possible.

# HOTEL RESERVATION AND TRAVEL PAYMENT FLOWCHART





# Johnson County PURCHASE ORDER

**PO 19-####**

THIS NUMBER MUST APPEAR ON ALL  
INVOICES, PACKAGES, SHIPPING  
PAPERS AND CORRESPONDENCE.

**EXHIBIT A**

**PAGE NO. 1 of 1**  
**DATE OF ORDER: 08/21/2019**

**Vendor Name and Address**

Jane Smith  
DEPARTMENT

**Attention To:**

Ship To: EMPLOYEE DEPT  
DEPT ADDRESS, STE  
CITY, TX 76###

VENDOR NO.	SHIP VIA	F.O.B.	TERMS	BUYER	
00901	BESTWAY	DESTINATION	NET30	Kristi Shaw	
DELIVER BY DATE	HISTORICAL PO NO.	REQUISITION NO.	REQUISITION BY		
08/22/2019		R19-####	Employee Name		
LINE NO.	QUANTITY	UOM	ITEM NO. & DESCRIPTION	UNIT COST	EXTENSION
1	1.00	EA	TAC Legislative Conference Advancement - Meals 9/4/2019 - 9/6/2019 FUND-DEPT-OBJECT-FN	\$86.00	\$86.00
2	1.00	EA	TAC Legislative Conference Reimbursement - Mileage 9/4/2019 - 9/6/2019 FUND-DEPT-OBJECT-FN	\$189.08	\$189.08
3	1.00	EA	2nd Annual CDCAT Fall Conference Advancement - Meals 9/16/219 - 9/18/2019 FUND-DEPT-OBJECT-FN	\$86.00	\$86.00
4	1.00	EA	2nd Annual CDCAT Fall Conference Reimbursement - Mileage 9/16/219 - 9/18/2019 FUND-DEPT-OBJECT-FN	\$157.76	\$157.76

NOTE: Jane Smith entered a 2nd set of upcoming travel details, creating a blanket PO effect.

2nd travel details are not used in the supplemental examples related to this PO. It is just here as an option for the department requisitioning a PO.

**TOTAL \$ 518.84**

**TAX EXEMPTION NO. 75-6001030**

**TERMS AND CONDITIONS:**

By fulfillment of this order vendor accepts all Johnson County Terms and Conditions which are available online at <http://www.johnsoncountypc.org/departments/purchasing/terms> or by contacting Purchasing at 817-556-6384

*Robert McBrown*  
Authorized By

**ALL INVOICES MUST SHOW PURCHASE ORDER NUMBER**

# EXHIBIT B

*\*This form to be used only to request advancement of Meals.*

## RECEIPT TO PURCHASE ORDER

PLEASE TYPE OR PRINT THE FOLLOWING:

TODAY'S DATE : 8/21/2019  
 TRAVELER'S NAME : JANE SMITH  
 PURPOSE OF TRIP : TAC LEGISLATIVE CONFERENCE  
 DESTINATION CITY : AUSTIN  
 DEPARTURE DATE : 9/4/2019                      EXPECTED RETURN DATE : 9/6/2019

TRAVEL COSTS TO BE ADVANCED	AMOUNT	Auditor Use Only
<b>NOTE: If there will be no overnight stay, meals will be included in the traveler's payroll check closest to the travel date!</b>		
<b>MEALS (EXPECTED)</b>		
FULL DAY	# OF DAYS 1    X    \$37    PER DAY	\$            37.00    \$
PARTIAL DAY	MORNING 1    X    \$10    EACH	\$            10.00    \$
	NOON 2    X    \$12    EACH	\$            24.00    \$
	EVENING 1    X    \$15    EACH	\$            15.00    \$
<b>TOTAL AMOUNT REQUESTED FOR ADVANCEMENT</b>		<b>\$            86.00    \$</b>

I understand this advance is to be used only for meal expenses related to the above approved travel and I will submit a properly completed **TRAVEL REIMBURSEMENT FORM** within 10 days of my return. I also certify that, financially, I will be unable to make this trip without the requested advance.

Jane Smith  
 \_\_\_\_\_  
 Signature of Traveler

DATE: 8/21/2019  
 \_\_\_\_\_

**CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD:** "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

Department Head  
 \_\_\_\_\_  
 Signature of Elected Official/Department Head

DATE: 8/21/2019  
 \_\_\_\_\_

**\*\*REQUIRED\*\***

0100	-	4950	-	54000	-	FN
FUND		DEPT		OBJECT		FUNC
ACCOUNT #						

# EXHIBIT C

## JOHNSON COUNTY TRAVEL REIMBURSEMENT\* FORM

*\*This form to be used only to request reimbursement of expense paid by traveler's personal cash or credit card.*

## RECEIPT TO PURCHASE ORDER

PLEASE TYPE OR PRINT THE FOLLOWING:

TODAY'S DATE : 9/9/2019  
 TRAVELER'S NAME : JANE SMITH  
 PURPOSE OF TRIP : TAC LEGISLATIVE CONFERENCE  
 DESTINATION CITY : AUSTIN  
 DEPARTURE DATE : 9/4/2019 RETURN DATE : 9/6/2019

TRAVEL COSTS		AMOUNT	Auditor Use Only
AIR FARE		\$	\$
AUTO RENTAL		\$	\$
MILEAGE	MILES (AS OF 01/01/19) 326 X \$0.58 PER MILE **	\$ 189.08	\$
MEALS (ACTUAL) NOTE: If there is no overnight stay, meals are reimbursed through payroll!			
FULL DAY	# OF DAYS 1 X \$37 PER DAY	\$ 37.00	\$
PARTIAL DAY	MORNING 1 X \$10 EACH	\$ 10.00	\$
	NOON 2 X \$12 EACH	\$ 24.00	\$
	EVENING 1 X \$15 EACH	\$ 15.00	\$
HOTEL/MOTEL		\$	\$
SEMINAR/TRAINING REGISTRATION FEE		\$	\$
MISCELLANEOUS (Taxi, parking, etc.)		\$	\$
TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT		\$ 189.08	\$

I understand reimbursement will only be made for audited expenses that fall within the limits of county policy and I have attached all appropriate receipts.

\*\* Calculated from your place of work address to your destination address.

Jane Smith  
Signature of Traveler

DATE: 9/9/2019

**CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD:** "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

Department Head  
Signature of Elected Official/Department Head

DATE: 9/9/2019

**\*\*REQUIRED\*\***

0100 - 4950 - 54000 - FN  
 FUND DEPT OBJECT FUNC  
**ACCOUNT #**

TRAVEL RECEIPTING EXAMPLE

**EXHIBIT D**

PACKING SLIP INFO FOR REIMBURSEMENTS = "R"+LAST DATE OF TRAVEL+LAST NAME ex. R090619SMITH

**Receipt Input**  
Johnson County

Logout
Chart of Accounts
G/L
Std Rpt: GLTX Detail
Standard Reports
Std Rpt: Authorized Spending
Std Rpt: Trial Balance
Favorite
Workflow

Cancel
Return
Save
Save and Add Another

Receipt#
Post Date

Packing Slip#

Effective Date  \*

Purchase Order  \*

Vendor

Vendor Phone

Received By  \*

Inventory Journal#  
Invoice#

Comments

Department

Project

Grant

Warehouse

Vendor Address

Delivery Point

characters left:

PO Line #	Quantity	Warehouse	Part	Vendor Part	Vendor Part Description	UOM	Part Description	Unit Cost	Ordered
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PACKING SLIP INFO FOR ADVANCEMENTS = "A"+LAST DATE OF TRAVEL+LAST NAME ex. A090619SMITH

**Receipt Input**  
Johnson County

Logout
Chart of Accounts
G/L
Std Rpt: GLTX Detail
Standard Reports
Std Rpt: Authorized Spending
Std Rpt: Trial Balance
Favorite
Workflow

Cancel
Return
Save
Save and Add Another

Receipt#
Post Date

Packing Slip#

Effective Date  \*

Purchase Order  \*

Vendor

Vendor Phone

Received By  \*

Inventory Journal#  
Invoice#

Comments

Department

Project

Grant

Warehouse

Vendor Address

Delivery Point

characters left:

PO Line #	Quantity	Warehouse	Part	Vendor Part	Vendor Part Description	UOM	Part Description	Unit Cost	Ordered
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