



FSME Procedure Approval

Invitational Travel Authorization and Vouchers

AD-500

Issue Date:

Review Date:

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Director, MSSA/FSME

Date:

Terrence Reis
Deputy Director, MSSA

Date:

Brenda G. Usilton
Procedure Contact, MSSA

Date:

[ML10](#)

NOTE

Any changes to the procedure will be the responsibility of the FSME Procedure Contact. Copies of FSME procedures ~~will be~~ available through the NRC website.



Procedure Title:
Invitational Travel Authorization and Vouchers
Procedure Number: AD-500

Page: 1 of 3

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I. INTRODUCTION

This procedure describes the use of NRC invitational travel by the Division of Materials Safety and State Agreements (DMSSA) for authorization and voucher processing.

II. OBJECTIVES

- A. To identify the process used to request invitational travel and reimbursement for travel expenses.
- B. To provide the form for requesting authorization of invitational travel.
- C. To provide instructions for filling out the voucher after travel has ended.

III. BACKGROUND

The DMSSA provides invitational travel for State travelers to participate in Integrated Materials Performance Evaluation Program (IMPEP) Reviews, Management Review Board (MRB) meetings, Working Groups, and Commission briefings. Invitational travel and per diem is also provided for State attendance at NRC sponsored training. ~~when States meet the criteria for NRC training funds.~~ Other offices may also authorize invitational travel for State travelers in accordance with their internal procedures.

IV. ROLES AND RESPONSIBILITIES

- A. The Sr. Management Analyst is responsible for processing all State invitational travel for the DMSSA. In the absence of the Sr. Management Analyst, the Division Director's secretary processes invitational travel. The Sr. Management Analyst maintains a record of all State invitational travel.
- B. The Sr. Management Analyst is responsible for verifying that all vouchers submitted are complete and accurate.
- C. NRC staff is responsible for coordinating all DMSSA funded State invitational travel with the Sr. Management Analyst.
- D. The DMSSA Director or Deputy Director is responsible for authorizing DMSSA funded invitational travel.
- E. The DMSSA Director or Deputy Director is responsible for certifying that all voucher submittals are complete and accurate.

V. GUIDANCE

A. Guidance to NRC Staff

1. NRC staff should coordinate all State invitational travel that is to be funded by DMSSA with the Sr. Management Analyst. Such coordination should take place before a commitment for DMSSA funding is provided to the State traveler.
2. NRC staff should instruct the State traveler to call the Sr. Management Analyst, ~~(Brenda Usilton, (301) 415-2348 or, Ee-mail her at Brenda.Usilton@NRC.GOV.GOV)~~ for guidance on how to make the arrangements for travel.

B. Guidance to be Given to Agreement State Staff

1. Specific information is required from the traveler to prepare NRC travel orders, providing official authorization for the travel. This information will be provided to the Sr. Management Analyst by fax or Ee-mail. ~~(See Appendix A for items that are needed for preparation of travel orders.)~~ The traveler will obtain the travel application form by going to our external FSME website <http://nrc-stp.ornl.gov/training.html> and click on the travel application form. ~~-(See Appendix A, Travel Application Form for items that are needed for preparation of travel orders.)~~
2. To obtain reimbursement, a voucher must be completed and returned at the conclusion of travel. The voucher for reimbursement should be sent by the traveler to the Sr. Management Analyst. ~~Vouchers are either sent to or provided to the traveler at the meeting, course, etc.~~ To obtain the voucher the traveler will need to go to the external FSME website <http://nrc-stp.ornl.gov/training.html> and click on Voucher Processing for Invitational travel and print out a copy of the voucher. The voucher will have instructions for filling out the form properly. ~~(Also s~~See Appendix B for instructions and a sample voucher.)
3. The Sr. Management Analyst reviews all vouchers for completeness and conformance with Federal travel regulations and makes modifications, as necessary, to ensure the vouchers are complete and meet current Federal travel regulations.

4. Travelers should return the voucher to DMSSA for processing within 15 days to meet NRC travel processing needs and to preclude the need for follow-up contact with the traveler. Please contact the Sr. Management Analyst for any questions on completing the voucher or timing for submittal. If the Sr. Management Analyst does not receive the voucher in a timely manner, he/she would then call or e-mail the State traveler to find out the status of the voucher.
5. Following processing, the U.S. Department of Treasury will mail you the State traveler a reimbursement check, usually within 2 weeks of DMSSA processing the voucher.

VII. APPENDICES

Appendix A - ~~Request for Invitational~~ Travel Application Form

Appendix B - Travel Voucher Instructions (including sample voucher)

VIII. REFERENCES

1. ~~FSME No 4.2 Procedure AD-500 supersedes STP Operations Manual B.2, Revision 2, July 10, 1986 and B.3, August 13, 1984.~~
2. NRC Management Directive 14.1, *Travel*.

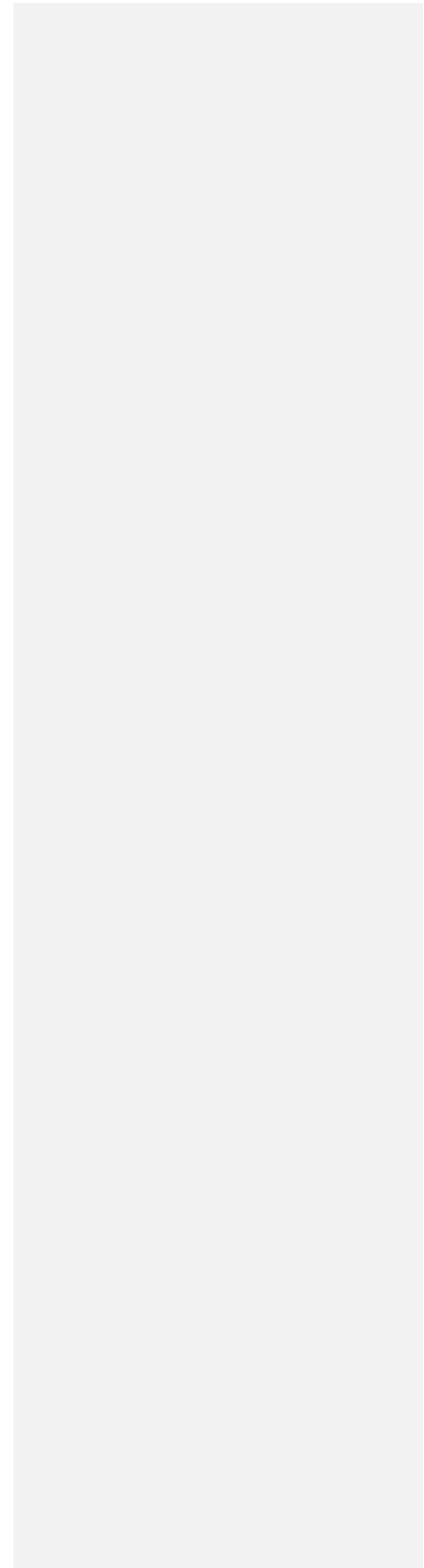
VIII. ADAMS REFERENCE DOCUMENTS

For knowledge management purposes, all previous revisions of this procedure, as well as associated correspondence with stakeholders, that have been entered into ADAMS are listed below.

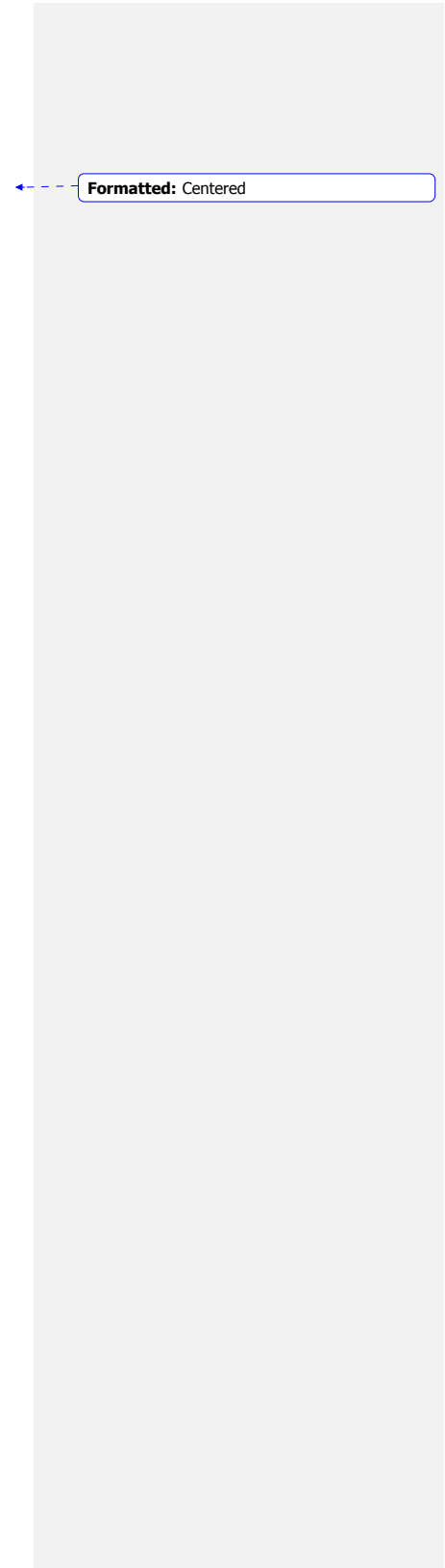
No.	Date	Document Title/Description	Accession Number
1	8/28/2007	FSME Procedure AD-500	ML072420083
2	3/23/2006	Office of State and Tribal Programs (STP) Procedure AD-500	ML060960154
3	12/2/2002	STP Procedure AD-500	ML030330009
4	6/2/2000	STP Procedure AD-500	ML003761163

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Appendix A

TRAVEL APPLICATION FORM

Please FAX the following information to: Brenda Usilton at (301) 415-3502

STATE:

DATES:

TRAVEL PURPOSE:

LOCATION:

NAME:

HOME ADDRESS:

BUSINESS ADDRESS:

WORK PHONE NUMBER:

E-Mail Address:

SS#:

If you have given us your social security number this fiscal year then you only need to give us the last 4 digits

DEPARTURE CITY (airport):

DATE OF DEPARTURE (note anything unusual):
Please provide reason:

DATE OF RETURN (note anything unusual):
Please provide reason:

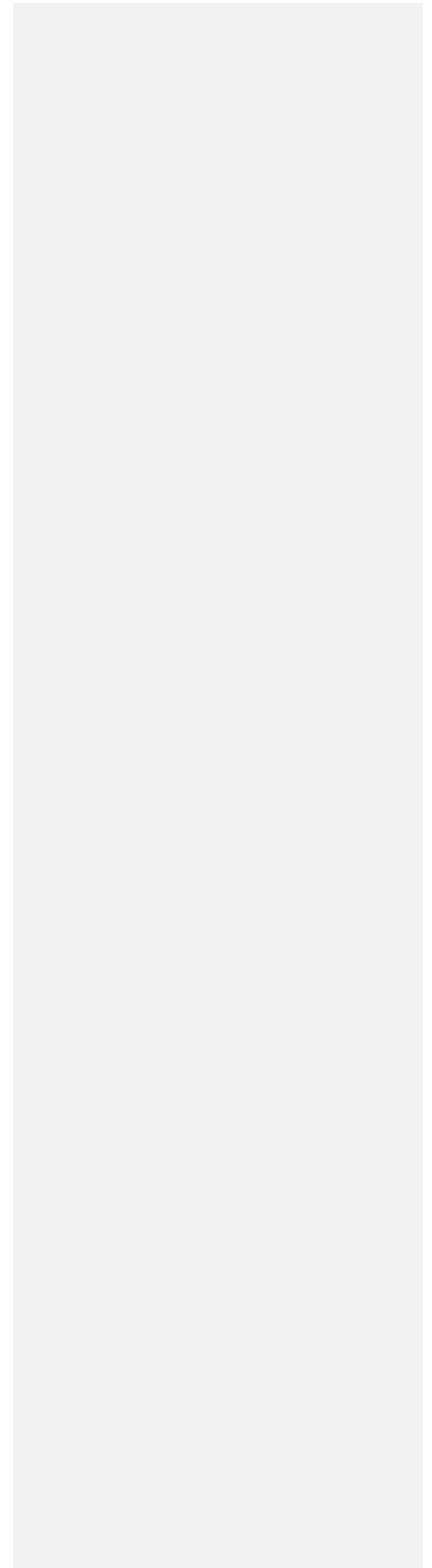
COST OF AIRFARE (from Carlson Travel*):
Flight Number (e.g., UA 210)
Arrival Time (4:23 p.m. July 9)

IF YOU ARE DRIVING INDICATE ROUND TRIP MILES:
Will need a cost comparative to drive versus fly.

LODGING ARRANGEMENTS MADE: (YES) (NO)

* Please call Carlson Travel at 1-866-250-2160, (normal business hours are 8:00 am– 6:00pm Eastern Standard Time), provide the travel attendant with your flight information for reservations and

obtain the fare cost for the ticket. Please call Carlson Travel on (301) 415-5006, (normal business hours are 8:00 a.m.—5:00 p.m. Eastern Standard Time), provide the travel attendant with your flight information for reservations and obtain the fare cost for the ticket.



~~For emergency travel (outside normal work hours) you can reach Carlson Travel on 1-800-383-6723.~~

Appendix B

~~TRAVEL VOUCHER INSTRUCTIONS~~~~SAMPLE VOUCHER FOR INVITATIONAL TRAVEL~~

Attached is a sample voucher showing the format to be used, the information required, and to assist you in filing your claim for expenses.

It is requested that your voucher be forwarded as soon as possible after your travel has been completed. It is required that the following be returned with your voucher.

1. Your copy of the airline ~~itinerary that Carlson provides you~~~~ticket (xerox copy is not acceptable) or your itinerary, if you had an electronic ticket.~~ Even though NRC pays for your airline expense it is still required to show how much the cost was.
2. Receipt for your hotel ~~bill bill (xerox copy is not acceptable).~~
3. All expenses \$75.00 or more should have a receipt (i.e., taxi, limo, parking).
4. Please note in the ~~instructions, that~~~~instructions that~~ the mileage rate for driving has increased to ~~5048.5~~ cents effective January 1, 20~~10~~~~07~~.
5. Effective January 1, 1999 per diem allowance will only include lodging and meals. Your tax will be claimed as a miscellaneous item.

Be sure to use your home address in Block 7 (this is the only address the Treasury Department has for mailing your check).

You can either write or type on Form 64 and 64A. You can also access the public website at www.nrc.gov/reading-rm/doc-collections/forms/nrc64.pdf and type your information, print it, sign it, and send it in with your receipts. ~~You will receive a payee copy in the mail after processing~~~~We are able to accept your voucher by scanning in the voucher with your signature, fax it to (301) 415-3502 or mail it. If you choose to mail it please mail it to the address below.~~

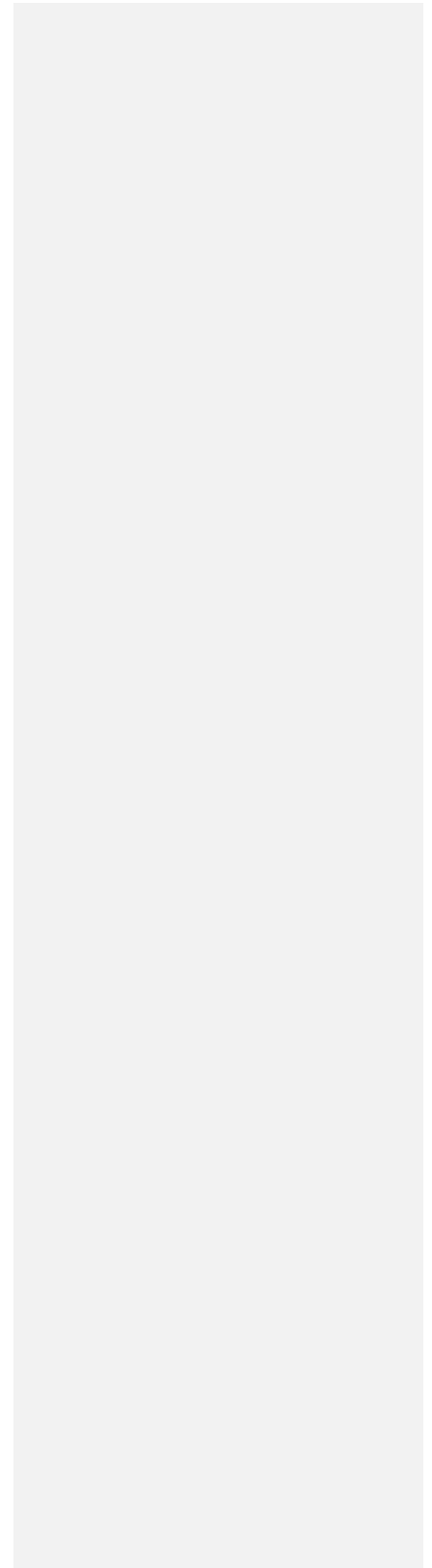
Be sure to sign and date voucher in Block 24.

Mail Voucher to: Brenda G. Usilton, T-8E24

Division of Materials Safety & State Agreements/FSME
U.S. Nuclear Regulatory Commission
11545 Rockville Pike
Rockville, MD 20852
~~U.S. Nuclear Regulatory Commission~~
~~Washington, DC 20555~~

If you have any questions, please call Mrs. Usilton at (301) 415-2348.

PLEASE SUBMIT YOUR VOUCHER WITHIN 15 WORKING DAYS AFTER TRAVEL HAS ENDED.
DO NOT FILL IN AUTHORIZATION NUMBER, NUMBER; IT WILL BE DONE FOR YOU.



Appendix B (continued)

INSTRUCTIONS FOR COMPLETING YOUR TRAVEL VOUCHER

~~A travel voucher packet will be provided to you either by mail or by someone from DMSSA. Complete your travel voucher in accordance with the attached sample(s).~~

TRAVEL BY POA

If you drive your privately owned automobile (POA), you are entitled to your mileage at ~~48-550~~ cents per mile and your toll expenses. Itemize your tolls by State. Mileage is to be computed by the most direct route.

Per diem will only be paid for a reasonable time while traveling to and from your residence. -A guideline is an average of 350 miles per day. However, your reimbursement for driving your own POA cannot exceed the scheduled government rate of the airline. Therefore, the reimbursement voucher must include a comparative cost statement. Claim whichever is the least, by air or by POA. You will note in the sample voucher, travel via POA was less and, therefore, claimed. However, there are situations where travel by air is less costly and, therefore, must be claimed even though your actual POA mode of travel cost more.

PER DIEM

Effective January 1, 1999, your per diem allowance will be: maximum lodging amount of \$* _____ and meals and incidental expenses \$* _____ not to exceed \$* _____ per day. -Your per diem allowance will cover lodging, meals, and incidental expenses related to subsistence; e.g., fees and tips to waiters and waitresses, porters, baggage carriers, bellhops, hotel maids, dining room stewards and stewardesses. Charges for taxes for lodging will be a separate line item.

RECEIPTS

Receipts are required for all lodging costs for which an allowance is claimed. If the lodging shows a charge for double occupancy, such fact shall be shown on the travel voucher and the traveler will be allowed single room rate. -When the traveler obtains lodging on a weekly or monthly basis, the daily lodging cost shall be computed by dividing the total lodging cost by the number of days in the rental period (e.g., may be divided by 7 or 30 days, as appropriate). Receipts are required for all expenses over \$75.00.

*Amounts for lodging and meals are incidental expenses will be different depending on where the traveler has been.

Appendix B (continued)

COMPUTATION OF PER DIEM

When lodging is required on the day that travel begins (day of departure from the official station or other authorized point), the per diem allowable shall be the actual cost of lodging incurred by the traveler, plus 75% of the applicable meal and incidental expense rate regardless of the actual time of departure. On the day of return there will be a flat 75% of the applicable meal and incidental expense rate regardless of the actual time of return. The days in between will be full per diem amounts.

Per diem for travel of 12 hours or less is now prohibited. Travel over 12 hours but less than 24 hours when no lodging is required will be paid at 75% of the applicable meal and incidental expense rate.

TRAVEL BY AIR

Complete your travel voucher using the attached sample for travel by air. You do not need to complete a comparative cost statement. If you use the airport limo at XXXXX airport to travel to XXXXX and return, be sure to obtain a receipt and attach it to your voucher.

You will be allowed taxi fare for travel from your lodging in XXXX to class/meeting and return.

~~Receipts for such use of taxi is~~ Receipts for such use of taxi are required and must be submitted with your voucher. You will not be allowed taxi fare to obtain food or incidentals, as this is provided for in the per diem allowance.

Please note that parking at the airport while you are on travel is reimbursable not to exceed the cost of POA round trip or taxi/limo, whichever is less.

ACCURACY OF EXPENSE ACCOUNT

It is important that the voucher contain complete and accurate information about expenses claimed.

Incomplete or inaccurate information will result in questions that must be resolved and will cause delay in processing the vouchers and delay in the traveler's receipt of payment. The traveler's signature on the voucher certifies that the voucher is true and correct to the best of the traveler's knowledge. Falsification of an item on an expense account works as a forfeiture of the claim and may result in a fine or imprisonment, or both (see Travel Voucher - Part 1).

NRC FORM 64 (11-2007) NRCMD 14.1 Exception to SF 1012 Approved by NARS 10-81		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0192	EXPIRES: 07/31/2011		
TRAVEL VOUCHER (PART 1) FOLLOW INSTRUCTIONS							
1. AUTHORIZATION NUMBER	2. SOCIAL SECURITY NO. (Last 4 digits)	1234	2a. NON-NRC SSN (9 digits)	Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (1-6 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
3. NAME (Last, First, Middle Initial) Lastname, Firstname			4. OFFICE TELEPHONE <i>work number</i>				
5. MAILING ADDRESS (Include ZIP Code) Use your home address.				6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input checked="" type="checkbox"/>		
9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)		10. RESIDENCE (City and State)		8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) 10/03/2010 B. TO (MM/DD/YYYY) 10/08/2010			
13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER _____		15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT			
17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER	19. TRANSPORTATION GTR OR TICKET NUMBER	20. AMOUNT	11. LEAVE TAKEN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input checked="" type="checkbox"/> OTHER		
					12. COMPARATIVE TRAVEL		
					16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B) EXPENSES AMOUNT CLAIMED		
					A. SUBSISTENCE AND OTHER EXPENSES \$853.00		
					B. PLANE, TRAIN, BUS (PAID BY TRAVELER)		
21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.				TRAVELER'S INITIALS	C. TOTAL CLAIM \$853.00		
22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.) <input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher) <input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$ _____ CHECK NO. _____				23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)			
24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME. SIGNATURE -- TRAVELER* _____ Printed Name of Traveler: _____				ATM			
25. THIS VOUCHER IS APPROVED SIGNATURE -- APPROVING OFFICIAL _____ Printed Name of Approving Official: _____				OTHER			
27. TRAVELER DESIGNATION I DESIGNATE _____ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE. SIGNATURE -- TRAVELER _____ DATE _____				FOR EXAMINER USE AMOUNT TO BE APPLIED _____ BALANCE DUE _____ NET TO TRAVELER _____			
28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use) RECEIVED CASH IN THE AMOUNT OF: \$ _____ FOR _____ SIGNATURE _____ DATE _____ NRC BADGE NUMBER _____				26. EXAMINER'S ADJUSTMENTS			
29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT SIGNATURE -- AUTHORIZED CERTIFYING OFFICER _____ DATE _____				EXAMINED BY _____ DATE _____			
30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)							
A. COST	B. PURPOSE CODE	C. B/FY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287, id. 1001)

NRC FORM 64 (11-2007)

TRAVELER'S COPY ADVANCE COPY MEMORANDUM AUTHORIZATION AUDIT FUNDS CONTROL

Sample Voucher

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