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ALL LIVING THINGS OF THE EARTH ARE ONE

STANDARD OPERATING PROCEDURE

GUAM EPA SOP# 04

Travel Authorization and Clearance Procedures

VERSION 1

Effective Date: _____

APPROVED:



Administrative Service Officer

04/28/2017

Date

for 
Deputy Administrator

04/28/17

Date


Administrator

04/28/17

Date


EPA Program Manager

4/28/2017

Date

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ATTACHMENTS

1. TRAVEL AUTHORIZATION TRANSMITTAL (TAT) CHECKLIST
2. TRAVEL REQUEST AND AUTHORIZATION (TAF) FORM
3. BBMR TRAVEL AUTHORIZATION CHECKLIST FORM
4. DIRECT PAYMENT FORM
5. US EPA APPROVAL FORM
6. TRAVEL VOUCHER TRANSMITTAL (TVT) CHECKLIST
7. TRAVEL ITINERARY SUMMARY
8. TRAVEL VOUCHER
9. TRAVEL COST BREAKDOWN

I. PURPOSE

The Guam Environmental Protection Agency (GEPA) Administrative Service Division (ASD) facilitates travel for the conduct of government business for all GEPA staff in line with the requirements of federal award, and local mandates.

The underlying purpose of this written procedure is to establish consistency within the agency in the handling and review of all travel.

II. APPLICABILITY AND SCOPE

This procedure applies to all GEPA employees applying for travel authorization and travelers sponsored by GEPA applying for travel authorization.

III. SUMMARY OF PROCEDURE

This procedure describes all steps related to the processing of travel requests from start to finish.

IV. DEFINITION OF TERMS

Travel Authorization T r a n s m i t t a l (TAT) Checklist: A checklist used to document required approval for travel; identifies estimated costs, indicates dates of travel; documents availability of funds; and documents submission of required documentation. The TAT Checklist and required documentation should be submitted to the AA no less than **five (5) weeks prior to proposed travel** for processing.

Travel Authorization Form (TAF): A form used to process approved travel requests that identifies estimated costs, dates of travel, availability of funds and required approvals. The TAF and all supporting documents are submitted to BBMR no less than **15 working days** prior to proposed travel.

Advance of Travel Funds Form (ATF): Upon approval of a travel, the employee may apply for an advance of travel funds for food, lodging, and ground transportation costs indicated in the TAF estimated cost. Employees in receipt of travel funds are personally liable for these funds until they present the required documentary evidence of approved expenditures. Any unpaid liability may result in direct reduction of future pay until that liability is satisfied. Required documentation is to be presented in the Travel Voucher Form (TVF).

Travel Voucher Form (TVF): This form attached to all required documents per 5 GCA Chap 23 §23104 is required no later than ten (10) days upon return to Guam.

Travel Voucher Transmittal (TVT) Checklist: This form is used as a checklist to document the submission of required documents upon return of travel and will also be used to document any extra cost incurred.

GEPA:	Guam Environmental Protection Agency
US EPA:	United States Environmental Protection Agency
Staff:	Employee of GEPA
ASO:	Administrative Service Officer
AA:	Administrative Assistant
DOA:	Department of Administration
B B M R :	Bureau of Budget and Management Research
ASD:	Administrative Services Division
ASD Drive:	Admn > [Select Appropriate Folder(s) for Use]

V. TRAVEL AUTHORIZATION REQUEST PROCEDURE

Listed below are the steps for securing authorized government travel. All travel requests must be filled out on the TAT checklist. This checklist can be found in the shared drive: Admn > Forms > Travel and attached.

1. Traveler completes TAT checklist and provides the agenda of training/workshop to the AA.
2. AA initials and dates upon receipt of the TAT checklist, assigns TA number, and verifies budgeted qualification using the shared drive: Admn > ASD2 > Budgets > [Select current Fiscal Year].
 - If TA does not qualify, inform ASO, and return TA to traveler advising of issue.
3. If not in approved budget, AA prepares and submits US EPA approval form to US EPA Pacific Islands Program Manager for Guam via email.
 - If approved: Packet moves to next reviewer/approver.
 - If not approved: Packet is returned to AA for file and traveler is notified.
4. AA assigns the next travel agent using the DOA round-robin method to obtain an itinerary reflecting costs for the following options:
 - Three (3) day fare
 - Seven (7) day fare
 - 21 day fare
5. AA prepares the following additional documents and attaches to travel packet:
 - TAF
 - BBMR checklist
 - Direct Payment form
 - Online travel quotation
 - Ground Transportation (memo & price quote)
 - Registration (if any)
6. AA submits travel packet for review and approval to ASO.
 - If approved: Packet moves to next reviewer/approver.
 - If not approved: Packet is returned to AA for file and traveler is notified.

7. AA attaches itinerary, all applicable memos, TAF, BBMR checklist, Direct Payment form, Itinerary, US EPA approved request form, online travel quotation, and submits to the Administrative Service Officer (ASO) for certification of funds.
8. ASO reviews TAT packet, dates and certifies the fund availability using the AS400 and submits to the Administrator for approval and signature.
9. Administrator signs, dates, and submits the TAT packet to the AA.
10. AA will scan and email a copy of the signed TA to the traveler and submit the original to BBMR.
11. BBMR stamps GEPA's copy with date received and if approved, BBMR will route for appropriate processing.
12. DOA stamps original with date received and completes ticket purchase process with checks for conference or training, per diem and ground transportation.
13. DOA contacts GEPA for check and copy of final travel packet pick up.
14. AA files complete TA in travel file.

VI. TRAVEL CLEARANCE VOUCHER PROCEDURE

Listed below are the steps for clearing travel. Every travel requires supporting documents no later than ten (10) days after return to Guam as per 5 GCA Chap 23 §23104. TVT form can be found in the ASD shared drive: Admn > Forms > Travel and attached.

1. Traveler submits TVT checklist with required documents such as (1) Airline ticket coupons, (2) Boarding passes and (3) receipts (Lodging, Registration, Ground Transportation, Meals & Incidentals, Misc. Allowances, Fees and (4) Certificates to the AA.

IF THERE IS NO ADDITIONAL COST: OR OVERPAID ADVANCE

2. AA initials and dates upon receipt of the TVT checklist and supporting documents, completes the Travel Itinerary Summary, Travel Cost Breakdown and the TVF form, and returns to traveler for signature.
3. Traveler initials and dates upon receipt of the TVT checklist, signs the TVF form and returns packet to AA.
 - If traveler was overpaid, traveler attaches payment to TCT checklist.

4. AA initials and dates upon receipt of the TVT checklist, and sends the TVF packet to DOA for Processing.
5. DOA stamps dates received the TVF packet and returns to GEPA to complete file copy.

IF THERE IS ADDITIONAL COST: (Funds Due to Traveler)

1. Traveler indicates additional cost on TVT checklist and submits TVT with all required documents including receipts for additional cost to the AA for processing.
2. AA initials and dates upon receipt of the TVT checklist, prepares memo and Direct Payment form, attaches to the TVT packet and submits to the ASO for review.
3. If approved, ASO certifies funds and routes to AA for processing.
4. AA submits travel clearance packet to Administrator for approval.
5. Administrator signs and dates and submits to AA for processing.
6. AA initials and dates upon receipt of the TVT checklist, and submits the TVF, Direct Payment Form, all receipts of Travel and submits to BBMR.
7. BBMR stamps GEPA's copy with date received and if approved, BBMR will route for appropriate processing.
8. DOA stamps original with date received and if approved prepares check and contacts GEPA for pickup.
9. If BBMR and/or DOA does not approve, TVF packet will be returned to GEPA.
10. AA complete file with copies of all documents.

VII. REPORTING

AA/ASO to submit a report of travelers on a quarterly basis to US EPA Program Manager.

VIII. TRACKING

Tracking of documents are available on the ASD shared drive. Note that these are occasionally updated based on the routing process and revisions made on the procedures.

IX. RECORDS MANAGEMENT

All travel documents are kept in a filing cabinet located in ASD. All other reading files, etc. are scanned and filed in the Administrative Scanned Documents folder located in the ASD shared drive -- Admn > ASD2 > T A 's > [Select appropriate fiscal year]. Administrative staff makes it an internal policy to keep files for five (5) years only, with the exception of personnel and travel files for audit and information purposes.

X. REFERENCES

- Government of Guam Travel – Policy Highlights and Instructions
- 5 GCA Chap 23 §23104
- Travel and Transportation Manual
- (www.defensetravel.dod.mil/site/perdiemCalc.cfm)
- (www.gsa.gov/portal/content/104877)



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
TRAVEL REQUEST AND AUTHORIZATION

TA No. _____

NOTICE: See Section 1714, Chapter 17, Part 4, Volume III of the Government of Guam Manual for instructions.

1. TO Department of Administration	2. FROM (Name of requesting organization) Guam Environmental Protection Agency	3. DATE OF REQUEST
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4. (A) FULL NAME and DATE OF BIRTH OF TRAVELER (C) COMPLETE ADDRESS OF TRAVELER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	(B) VENDOR NUMBER; [] Attach Request (D) SOCIAL SECURITY NUMBER
--	---	---

The following travel is : <input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> AUTHORIZED	5. TITLE OF TRAVELER EHS SUPERVISOR	6. CHARGE ACCOUNT NUMBER
---	--	--------------------------

7. PLACES OF TRAVEL FROM: TO:	8. APPROX. LENGTH OF TRAVEL (in days) 9. APPROX. DATE TRAVEL COMMENCES
---	---

10. (A) DESCRIBE MODES OF TRAVEL DESIRED (Air, Ship, Train, Private Automobile, etc.)	(B) TRAVEL AGENCY DESIRED
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11. IF DEPENDENTS ARE AUTHORIZED FOR TRAVEL, GIVE NAMES, AGES, AND RELATIONSHIPS OF EACH

12. FULLY DESCRIBE PURPOSE OF TRAVEL (Use reverse if more space is necessary)	13. ENTER NUMBER OF TR'S ISSUED
---	---------------------------------

14. IF TRAVEL ADVANCE IS DESIRED, GIVE AMOUNT REQUESTED	15. HOUSEHOLD EFFECTS AUTHORIZED
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16. SIGNATURE (Name and title of requesting official)	18. SIGNATURE (Name and title of authorizing official)
---	--

17. ESTIMATED COST OF TRAVEL (For use of Administration Department) <table style="width:100%; border-collapse: collapse;"> <tr><td>(A) TRANSPORTATION OF TRAVELER</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>(B) TRANSPORTATION OF DEPENDENTS</td><td style="text-align: right;">_____ 0.00</td></tr> <tr><td>(C) PER DIEM OF TRAVELLER - \$ _____ x _____ days =</td><td style="text-align: right;">_____</td></tr> <tr><td>(D) PER DIEM OF DEPENDENTS</td><td style="text-align: right;">_____</td></tr> <tr><td>(E) TRANSPORTATION OF HOUSEHOLD EFFECTS</td><td style="text-align: right;">_____</td></tr> <tr><td>(F) MISC. ALLOWANCES (must itemize on line 9c on Travel Form ACC-TRB001)</td><td style="text-align: right;">_____</td></tr> <tr><td>(G) SERVICE FEES</td><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">TOTAL COST (Estimated) \$</td><td style="text-align: right;">_____</td></tr> </table>	(A) TRANSPORTATION OF TRAVELER	\$ _____	(B) TRANSPORTATION OF DEPENDENTS	_____ 0.00	(C) PER DIEM OF TRAVELLER - \$ _____ x _____ days =	_____	(D) PER DIEM OF DEPENDENTS	_____	(E) TRANSPORTATION OF HOUSEHOLD EFFECTS	_____	(F) MISC. ALLOWANCES (must itemize on line 9c on Travel Form ACC-TRB001)	_____	(G) SERVICE FEES	_____	TOTAL COST (Estimated) \$	_____	19. FOR CERTIFICATION OF AVAILABILITY OF FUNDS Certified Funds Available: _____ CERTIFYING OFFICER DATE: _____
(A) TRANSPORTATION OF TRAVELER	\$ _____																
(B) TRANSPORTATION OF DEPENDENTS	_____ 0.00																
(C) PER DIEM OF TRAVELLER - \$ _____ x _____ days =	_____																
(D) PER DIEM OF DEPENDENTS	_____																
(E) TRANSPORTATION OF HOUSEHOLD EFFECTS	_____																
(F) MISC. ALLOWANCES (must itemize on line 9c on Travel Form ACC-TRB001)	_____																
(G) SERVICE FEES	_____																
TOTAL COST (Estimated) \$	_____																

SIGNATURE and CONTACT NUMBERS (Cost Estimator)	
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20. TO TRAVELER, You are hereby authorized to perform the above described travel in accordance with the provisions of Section 1714, Chapter 17, Part 4, Volume III to the Government of Guam Manual. Necessary tickets, transportation requests and other documents are hereto attached.

_____ DIRECTOR, Dept. of Administration	_____ DATE
--	---------------

21. I certify that I have received the material of Item 17.

_____ TRAVELER'S SIGNATURE AND CONTACT NUMBER	_____ DATE
--	---------------



URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

DOCUMENT NO.: _____

DATE: _____

PAYEE:	VENDOR NUMBER:
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PURPOSE:

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
TOTAL:			

CHECK APPROPRIATE BOX BELOW:

<input type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input type="checkbox"/> OVERRIDE IS AUTHORIZED	<input type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

PREPARED BY:	Signature	Date
APPROVING OFFICIAL:	Signature	Date
CERTIFICATION OF FUNDS AVAILABLE:	Signature	Date



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 REGION IX
 Pacific Islands Office (CED-6)
 75 Hawthorne Street
 San Francisco, CA 94105**

TRAVEL / PROCUREMENT APPROVAL / NOTIFICATION FORM

In accordance with Amended Grant M-00906314-0, Date of Award: 09/26/2013, Programmatic Condition "S13. *Prior approval requirements under 2 CFR §200.407, the recipient shall obtain prior review and written approval from the EPA Project officer for the following: a) All off-island travel funded under this assistance agreement; and, b) All contracts (as defined at 2 CFR §200.22) or subawards (as defined at 2 CFR §200.92) funded under this assistance agreement with the exception of small purchase contract (e.g. purchase orders) below \$500.00.*

Name: _____

Position Title/Program: _____

Description / Dates of Travel: _____

Purpose/Justification: _____

Estimated Cost **TOTAL Cost: \$ 0.00**

Travel	:	\$ 0.00
Per Diem	:	\$ 0.00
Ground Transportation	:	\$ 0.00
Registration	:	\$ 0.00
Procurement	:	\$ 0.00

Certified by: _____ Date: _____
 Connie Afleje, Administrative Services Officer, Guam EPA

Approved by: _____ Date: _____
 Walter S. Leon Guerrero, Administrator, Guam EPA

Concurred by: _____ Date: _____
 Michael Mann, Guam Program Manager, U.S. EPA Region 9

Guam Environmental Protection Agency Travel Voucher Transmittal (TVT) Checklist



Traveler: _____

Additional Cost Description: _____

		Yes	No	Remarks
1	Airline Ticket Coupons	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Boarding Passes	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Receipts Lodging	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Registration	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Ground Transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Meals & Incidentals	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Misc. Allowances	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Fees	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Certificates	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	ACCOUNT NO.	_____		
6	ACCOUNT NAME	_____		
7	ORIGINAL TRAVEL COST	_____		
8	ADDITIONAL COST	_____		
9	TOTAL TRAVEL COST	_____		

Submitted By:

Employee

_____ *sign & date*



GOVERNMENT OF GUAM
TRAVEL COST BREAKDOWN

TV No. _____

NOTICE: Enter numbers of the Transportation Requests used on reverse side, attach copies.

1. TO Department of Administration	2. FROM Guam Environmental Protection Agency	3. DATE
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Traveler to be on Travel Status from _____ TO _____
(Hour & Date) (Hour & Date)

4. FULL NAME OF TRAVELER 1	5. DEPARTMENT TO BE CHARGED Guam EPA	6. CHARGE ACCOUNT NUMBER
-------------------------------	--	--------------------------

This form supports Travel Authorization of _____ (Date)	8. NUMBER OF DEPENDENTS AUTHORIZED (Number of Travel Requests)
--	---

	TRAVELER	DEPENDENTS
9. TRAVELER'S COST BREAKDOWN		
(A) Per diem _____ days <i>Traveler</i> <i>Dependents</i>	\$ -	\$ -
(B) Description of Estimated Cost(s):		
(C) Miscellaneous Allowable costs: <i>(List separately, use reverse side and additional sheets, if necessary. Attach supporting papers. Total must match total on Line 17F of the Travel Form ACC-TRA001)</i>		
TOTALS:	\$ -	\$ -

10. SIGNATURE *(Director, Department of Administration or Governor of Guam)* _____
Date _____

12. I certify that the amount claimed is true and just and cost analysis has been performed.

Signature of Traveler Date

DEPARTMENT OF ADMINISTRATION - DIVISION OF ACCOUNTS USE ONLY

11. The items listed above support the approved Travel Request and Authorization attached:

Travel Request & Auth. No. _____ Department of _____
Charged to account number. _____ Dated _____

13. I certify that I have reviewed the above cost estimate as shown in item 10.

Traveler's signature Date



GOVERNMENT OF GUAM
TRAVEL ITINERARY SUMMARY

DATE

TRAVELER'S NAME

Guam EPA

DEPT./AGENCY

DEPT/AGENCY'S TA NUMBER

Was on travel status as follows:

DEPARTURE
(from Guam)

ARRIVAL
(into Guam)

MODE OF TRAVEL

DATE: _____
TIME: _____

DATE: _____
TIME: _____

Air
(Attach boarding passes)

Expenses allowable for reimbursement are as follows:

Newly Hired Contract Employees *(with exception of DOE)*: Medical examination, fingerprint fees, taxi fares from residence to airport, telegram (accepting position).

Official Off-island Business Employees: Registration/conference fees, taxi fares from place of business to hotel (or vice versa) as authorized & others related to official business as authorized by the GOVERNOR.

I certify that the above information and supporting documents are true and correct and are in compliance with Government travel regulations and the laws of Guam.

TRAVELER'S/EMPLOYEE SIGNATURE

SOCIAL SECURITY NO.: _____

CONTACT NUMBER(S): _____

(MUST ACCOMPANY TRAVEL VOUCHER FORM)



GOVERNMENT OF GUAM
TRAVEL VOUCHER

TV No. _____

NOTICE: Enter numbers of the Transportation Requests used on reverse side, attach copies.

1. TO Department of Administration 2. FROM Guam Environmental Protection Agency 3. DATE

Please pay to the below named Traveler the amount in item 10 below.

Traveler was on Travel Status from (Hour & Date) TO (Hour & Date)

4. FULL NAME OF TRAVELER 5. DEPARTMENT TO BE CHARGED Guam EPA 6. CHARGE ACCOUNT NUMBER

7. This is supported by Travel Authorization of (Date) (Number of Travel Requests) 1 8. NUMBER OF DEPENDENTS AUTHORIZED 0

Table with 3 columns: Description, TRAVELER, DEPENDENTS. Includes rows for Per diem, Reimbursement for Transportation (1) Tickets, (2) Mileage, and Miscellaneous Allowable costs.

TOTALS: \$ - \$ -

10. Total amount claimed is \$ Deduct advance in item 7 \$ Balance due to Traveler \$

11. SIGNATURE (Director, Department of Administration or Governor of Guam) 12. I certify that the amount claimed is true and just and payment has not been received.

Signature of Claimant Date

DEPARTMENT OF ADMINISTRATION - DIVISION OF ACCOUNTS USE ONLY

13. The balance due traveler in item 10 is: Charged to account no. Department of And paid by check no. Dated

14. I certify that I have received payment as shown in item 13.

Traveler's signature

Date