STANDARD OPERATING PROCEDURE

GUAM EPA SOP# 04

Travel Authorization and Clearance Procedures

VERSION 1

Effective Date: ___________________________

APPROVED:  

[Signature]  

Administrative Service Officer  

[Signature]  

Deputy Administrator  

[Signature]  

Administrator  

[Signature]  

EPA Program Manager  

Date  

04/28/2017

04/28/17

04/28/17

04/28/2017
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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 Transmittal (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 deduction 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
BBMR: 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.


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 & Incidental, 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)
Guam Environmental Protection Agency
Travel Authorization Transmittal (TAT) Checklist

Traveler: __________________________________________

Description: _______________________________________

Special
Accommodations: ____________________________________

Dates of Travel: _____________________________________

Registration Details: ________________________________

(above section completed by traveler)

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<th>No</th>
<th>Remarks</th>
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<tr>
<td>14</td>
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</tr>
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</table>

ACCOUNT NAME & NO. ________________________________

Submitted By: ________________________________

Employee

Approved By: ________________________________

Supervisor/Division head

Approved By: ________________________________

Deputy Administrator

Approved By: ________________________________

Administrator

Certified By: ________________________________

Administrative Service Officer

Date | Intl.
-----|-----
     |     
     |     
     |     
     |     
     |     

sign & date

sign & date

sign & date

sign & date
1. **TO**
   Department of Administration

2. **FROM**
   (Name of requesting organization)

3. **DATE OF REQUEST**

4. (A) FULL NAME and DATE OF BIRTH OF TRAVELER
   - **MALE**
   - **FEMALE**

   (B) VENDOR NUMBER; [ ] Attach Request

(C) COMPLETE ADDRESS OF TRAVELER

(D) SOCIAL SECURITY NUMBER

---

The following travel is: [XX] REQUESTED [ ] 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**

---

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**

16. **SIGNATURE (Name and title of requesting official)**

17. **ESTIMATED COST OF TRAVEL**
    (For use of Administration Department)

   (A) TRANSPORTATION OF TRAVELER

   (B) TRANSPORTATION OF DEPENDENTS

   (C) PER DIEM OF TRAVELLER - $ \times \text{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)

18. **SIGNATURE (Name and title of authorizing official)**

19. **FOR CERTIFICATION OF AVAILABILITY OF FUNDS**
    Certified Funds Available:

   **CERTIFYING OFFICER**
   DATE:

---

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 of the Government of Guam Manual for instructions. Necessary tickets, transportation requests and other documents are hereto attached.

   __________________________________________________________
   **DIRECTOR, Dept. of Administration**
   DATE:

   __________________________________________________________
   **TRAVELER'S SIGNATURE AND CONTACT NUMBER**
   DATE:

---

21. I certify that I have received the material of Item 17.
<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>DATE RECEIVED BY BBMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td></td>
</tr>
<tr>
<td>ACCOUNT NO. CHARGED</td>
<td>TRAVEL AUTHORIZATION AMOUNT:</td>
</tr>
</tbody>
</table>

1. Is travel essential to the conduct of important government business?
2. Will travel result in securing additional revenues to the territory by achieving current or future cost-savings for government operations and/or programs and how it relates to the Agency's priority work program activities?
3. Is the travel required per existing contracts, law, or rule? If yes, attach documentation. If no, explain.
4. Is the travel federally funded in whole or in part?
   a. If federally funded, was travel approved by grantor agency and reflected in approved application?
   b. If local, is account charged appropriate for purpose of travel?
5. a. Is the number of days per diem computed correctly?
   b. Is the number of days per diem justified and reasonable?
   c. Are per diem rate and number of days reflected beside per diem line on Travel Authorization?
6. a. Is travel authorization request form completely filled?
   b. Is appropriate account number accurately reflected?
7. Is airfare the lowest possible?
8. Is more than one (1) traveler attending the same conference, seminar, workshop, or meeting? If yes, attach Department's justification.
9. Is Travel Authorization request signed by appropriate signatories?
10. a. Was travel authorization request certified as to funding availability?
    b. Are funds available for travel authorization?
11. Are all computations accurate?
12. Is A011 printouts attached?
13. Is brochure of conference / training attached?
14. Is itinerary from travel agent attached?
15. If travel is for "meeting", is documentation from meeting official indicating times, dates and purpose of meetings attached?
16. Is Travel Authorization being submitted 15 work days prior to travel commencement date? If no, is explanation attached?

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>BBMR</th>
</tr>
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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

DEPARTMENT

PREPARED BY: 

APPROVED BY: 

Print & sign  

Date 

Department Head 

Date 

BBMR ACTION

ANALYST RECOMMENDATION: 

BBMR ANALYST: 

☑ APPROVED ☐ DISAPPROVED 

DATE
GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR DIRECT PAYMENT

☐ URGENT - EXPEDITE PAYMENT ☐ KEY & RELEASE - A S A P

PAYEE:       VENDOR NUMBER:

PURPOSE:

<table>
<thead>
<tr>
<th>TRAN</th>
<th>ACCOUNT NUMBER</th>
<th>AMOUNT</th>
<th>INVOICES</th>
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</table>

TOTAL:

CHECK APPROPRIATE BOX BELOW:
☐ ACCOUNT NUMBER IS CORRECT ☐ JOB ORDER NUMBER IS CORRECT ☐ INSUFFICIENT FUNDS
☐ PRIOR REFERENCE IS CORRECT ☐ VENDOR NUMBER IS CORRECT ☐ SUFFICIENT FUNDS
☐ OVERRIDE IS AUTHORIZED

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

Form ACC-DPA001 Revised 01/2012
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**

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<th>Cost</th>
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<tr>
<td>Travel</td>
<td>$ 0.00</td>
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<tr>
<td>Per Diem</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Ground Transportation</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Registration</td>
<td>$ 0.00</td>
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<tr>
<td>Procurement</td>
<td>$ 0.00</td>
</tr>
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</table>

TOTAL Cost: $ 0.00

Certified by: __________________________  Date: __________________________

Connie Aflleje, 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:  

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<th>Item Description</th>
<th>Yes/No</th>
<th>Remarks</th>
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<td>Certificates</td>
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</tbody>
</table>

5 ACCOUNT NO.  
6 ACCOUNT NAME  
7 ORIGINAL TRAVEL COST  
8 ADDITIONAL COST  
9 TOTAL TRAVEL COST

Submitted By:  
   Employee        sign & date
1. TO 
Department of Administration
2. FROM 
Guam Environmental Protection Agency
3. DATE

Traveler to be 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

1
This form supports Travel Authorization of (Date) (Number of Travel Requests)

8. NUMBER OF DEPENDENTS AUTHORIZED

9. TRAVELER'S COST BREAKDOWN

<table>
<thead>
<tr>
<th>A (Per diem)</th>
<th>days</th>
<th>days</th>
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<tbody>
<tr>
<td>Traveler</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dependents</td>
<td>$</td>
<td>$</td>
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</table>

(B) Description of Estimated Cost(s):

(C) Miscellaneous Allowable costs: (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)

TOTALS: $ - $ - $

10. SIGNATURE (Director, Department of Administration or Governor of Guam)
12. I certify that the amount claimed is true and just and cost analysis has been performed.

DATE 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. 
Charged to account number. 
Department of 
Dated 

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

Traveler's signature 
DATE

Form ACC-TRB001
Revised 06/2011
GOVERNMENT OF GUAM
TRAVEL ITINERARY SUMMARY

Guam EPA

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<th>TRAVELER’S NAME</th>
<th>DEPT./AGENCY</th>
<th>DEPT./AGENCY’S TA NUMBER</th>
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Was on travel status as follows:

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<th>DEPARTURE (from Guam)</th>
<th>ARRIVAL (into Guam)</th>
<th>MODE OF TRAVEL</th>
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<td></td>
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<td>(Attach boarding passes)</td>
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<th>TIME:</th>
<th>TIME:</th>
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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.

<table>
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<th>TRAVELER’S/EMPLOYEE SIGNATURE</th>
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</tbody>
</table>

(MUST ACCOMPANY TRAVEL VOUCHER FORM)
NOTICE: Enter numbers of the Transportation Requests used on reverse side, attach copies.

1. TO
2. FROM
3. DATE

| Department of Administration | Guam Environmental Protection Agency |

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Guam EPA</td>
<td></td>
</tr>
</tbody>
</table>

7. This is supported by Travel Authorization of (Number of Travel Requests) ___________ (Date) ___________.

Previous Travel Advance was / was not given. (Strike out one)

8. NUMBER OF DEPENDENTS AUTHORIZED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

9. TRAVELER'S AMOUNT CLAIMED

<table>
<thead>
<tr>
<th>(A) Per diem</th>
<th>(B) Reimbursement for Transportation costs paid by Traveler</th>
<th>(C) Miscellaneous Allowable costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveler</td>
<td>(1) Tickets</td>
<td>(List separately, use reverse side and continuation sheets if necessary. Attach supporting papers.)</td>
</tr>
<tr>
<td>$</td>
<td>(2) Mileage</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>(Miles @ 12¢ per mile)</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

10. Total amount claimed is $ ___________.

Deduct advance in item 7 $ ___________.

Balance due to Traveler $ ___________.

11. SIGNATURE (Director, Department of Administration or Governor of Guam)

I certify that the amount claimed is true and just and payment has not been received.

12. 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. ___________.

And paid by check no. ___________.

Department of ___________. Dated ___________.

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

Traveler's signature Date

Form ACC-TRD001
Revised 06/2011