

**BUREAU OF BUDGET AND MANAGEMENT RESEARCH
TRAVEL AUTHORIZATION CHECKLIST**

DEPARTMENT: <input style="width:90%;" type="text"/> DIVISION: <input style="width:90%;" type="text"/> ACCOUNT NO. CHARGED <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>	DATE RECEIVED BY BBMR: <input style="width:90%;" type="text"/> TRAVEL AUTHORIZATION NO.: <input style="width:90%;" type="text"/> TRAVEL AUTHORIZATION AMOUNT: <input style="width:90%;" type="text"/>
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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?**

DEPARTMENT			BBMR		
YES	NO	N/A	YES	NO	N/A

DEPARTMENT			
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PREPARED BY: _____ _____ <i>Print & sign</i>	APPROVED BY: _____ _____ <i>Department Head</i>
_____ <i>Date</i>	_____ <i>Date</i>

BBMR ACTION			
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ANALYST RECOMMENDATION: _____	BBMR ANALYST: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	_____ DATE



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
TRAVEL REQUEST AND AUTHORIZATION

TA No. _____

NOTICE: See Section 3.5.112, Chapter 3 of the Government of Guam Travel and Transportation Manual for instructions.

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

The following travel is : <input type="checkbox"/> REQUESTED <input type="checkbox"/> AUTHORIZED	5. TITLE OF TRAVELER GOVERNOR	6. CHARGE ACCOUNT NUMBER
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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 RELATIONSHPS OF EACH

12. FULLY DESCRIBE PURPOSE OF TRAVEL (Use reverse if more space is necessary)	13. ENTER NUMBER OF TR'S ISSUED
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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)
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17. ESTIMATED COST OF TRAVEL (For use of Administration Department) <table style="width: 100%; margin-top: 5px;"> <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;">_____</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 <small>(must itemize on line 9c on Travel Form ACC-TRB001)</small></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	_____	(C) PER DIEM OF TRAVELLER - \$ _____ x _____ days =	_____	(D) PER DIEM OF DEPENDENTS	_____	(E) TRANSPORTATION OF HOUSEHOLD EFFECTS	_____	(F) MISC. ALLOWANCES <small>(must itemize on line 9c on Travel Form ACC-TRB001)</small>	_____	(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	_____																
(C) PER DIEM OF TRAVELLER - \$ _____ x _____ days =	_____																
(D) PER DIEM OF DEPENDENTS	_____																
(E) TRANSPORTATION OF HOUSEHOLD EFFECTS	_____																
(F) MISC. ALLOWANCES <small>(must itemize on line 9c on Travel Form ACC-TRB001)</small>	_____																
(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 3.5.112, Chapter 3 of the Government of Guam Travel and Transportation 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



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	3. DATE
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Traveler to be on Travel Status from _____ TO _____
(Hour & Date) (Hour & Date)

4. FULL NAME OF TRAVELER	5. DEPARTMENT TO BE CHARGED	6. CHARGE ACCOUNT NUMBER
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1 This form supports Travel Authorization of _____ (Date)	(Number of Travel Requests)	8. NUMBER OF DEPENDENTS AUTHORIZED
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9. TRAVELER'S COST BREAKDOWN	TRAVELER	DEPENDENTS
(A) Per diem _____ days _____ days <i>Traveler Dependents</i>		
(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)		
(D) Other Breakdown per TRA Item Number.		
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.
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_____	_____	_____
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. _____ 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	DEPT./AGENCY	DEPT/AGENCY'S TA NUMBER

Was on travel status as follows:

DEPARTURE <i>(from Guam)</i>	ARRIVAL <i>(into Guam)</i>	MODE OF TRAVEL
DATE: _____ TIME: _____	DATE: _____ TIME: _____	Air <i>(Attach boarding passes)</i>

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

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

4. FULL NAME OF TRAVELER	5. DEPARTMENT TO BE CHARGED	6. CHARGE ACCOUNT NUMBER
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7. This is supported by Travel Authorization of _____ (Date) _____ (Number of Travel Requests) _____ Previous Travel Advance was / was not given. (Strike out one)	8. NUMBER OF DEPENDENTS AUTHORIZED
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9. TRAVELER'S AMOUNT CLAIMED	TRAVELER	DEPENDENTS
(A) Per diem _____ days _____ days <i>Traveler Dependents</i>	\$	\$
(B) Reimbursement for Transportation (1) Tickets costs paid by Traveler (2) Mileage (Miles @ 55.5¢ per mile)		
(C) Miscellaneous Allowable costs: (List separately, use reverse side and continuation sheets if necessary. Attach supporting papers.)		
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.
_____	_____
<i>Signature of Claimant</i>	<i>Date</i>

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* _____



GOVERNMENT OF GUAM
MEDICAL REFERRAL AND EDUCATION MILEAGE PROGRAM (MREMP)
WAIVER FORM

Provide * Official Travel Itinerary ONLY

PURPOSE AND AUTHORITY:

Applicable to Executive Branch entities of the Government of Guam: To waive mileage points for donation to the *Ayuda Foundation* as required by DOA Circular No. 2012-008, in accordance to Public Law #31-117 for travel commenced before April 11, 2013. **For travel on or after April 11, 2013, Public Law #32-19 renames the "Medical Referral Mileage Bank Account" (MRMBA) to the "Medical Referral and Education Mileage Program" (MREMP) which is now voluntary for donations.**

Provide *Official Travel Itinerary ONLY.

TRAVELER'S NAME

TRANSFER CONFIRMATION NUMBER

DEPT/AGENCY'S TA NUMBER

TOTAL OFFICIAL MILEAGE TRANSFERRED

Go To: <https://secure.unitedmileageplus.com/CharityMilesSSO.jsp>

Was on travel status as follows:

DEPARTURE <i>(from Guam)</i>	ARRIVAL <i>(into Guam)</i>	MODE OF TRAVEL
DATE: _____	DATE: _____	Air
TIME: _____	TIME: _____	(Attach *Official Travel Itinerary showing Miles Traveled)

COMPLIANCE for TRAVEL BEFORE APRIL 11, 2013:

"All employees of the Legislative, Judicial and Executive Branches, including all government agencies, instrumentalities, autonomous and semi-autonomous agencies, public corporations, UOG, GCC, GVB, GDOE, all elected officials, individuals consultants of the government, members or boards and commissions, as well as non-governmental persons traveling at the Government of Guam or Federal Government's expense, shall donate all mileage accrued relating to the government travel to the Ayuda Foundation, or the Government of Guam mileage bank account."

Failure to comply will be in violation of Public Law No. 31-117 §23119 will result in the following: *"An employee who fails to submit the confirmation copy of transfer of mileage to Ayuda evidencing the transfer of mileage pursuant to §23117 in this Act, shall pay the amount equal to the cost the airline mileage program charges for the purchase of miles times the mileage accrued on the completed travel. If the employee fails to submit the confirmation copy, the total amount shall be deducted from the employee's salary for four (4) pay periods or until the total amount is paid in full."*

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.

*** Official Travel Itinerary is exclusive of any non-governmental trip(s) taken.**

TRAVELER'S / EMPLOYEE SIGNATURE

DATE

I.D. TYPE / NUMBER : _____

CONTACT NUMBERS : _____

EMAIL ADDRESS : _____

(MUST ACCOMPANY *OFFICIAL TRAVEL ITINERARY)