



## TRAVEL AUTHORIZATION AND TRAINING REGISTRATION INSTRUCTIONS

### PURPOSE

This form is utilized to give an accounting of cost for an event. Although it is not a finalized accounting, it should be “**as close as possible**” to the amount that will be incurred during travel.

To provide an avenue for North Carolina Division of Services for the Blind (DSB) staff to obtain prior approval to attend a meeting, conference, workshop, seminar or training that will enhance services to eligible individuals of the Agency.

To provide an avenue for DSB staff to obtain prior approval for excess hotel and/or registration that is required in order to attend an approved event.

To provide an avenue for DSB staff to request registration be paid directly to the sponsoring entity.

To provide an avenue for DSB staff to request partial payment in the form of an advance that will assist the employee in attending the event.

### PREPARED BY

DSB Employee

### INSTRUCTIONS

**Name:** Enter the employee's name (first name, middle initial and last name).

**Beacon/Personnel #:** Enter the personnel # from <https://mybeacon.its.state.nc.us/irj/portal>, which is the NC Beacon portal entry. Once you log in using your NCID name and password, click “pay” in the left column. My pay information will appear and then click “pay statement” directly underneath. The last pay stub will appear and your personnel # will be in the upper right hand corner.

**Work Phone Number:** Enter the employee's office phone number with area code and seven-digit number.

**Home Address:** Enter the employee's most current street address, city and five-digit zip code.

**Work Address:** Enter the employee's office most current street address, city and five-digit zip code.

**Date of Request:** Enter the two-digit month, two-digit day and four-digit year the form is being completed.

**Period Beginning:** Enter the two-digit month, two-digit day and four-digit year for the beginning date of the event.

**Period Ending:** Enter the two-digit month, two-digit day and four-digit year for the ending date of the event.

**Travel From:** Enter the town or city the employee will be leaving from for the event.

**Travel To:** Enter the town or city and state where the event will be taking place.



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**Budget Account:** Leave blank as this will be entered at the State Office.

**Title and Purpose of Trip:** Enter the complete and full title of the event. Explain in detail why prior approval is being requested and why this event is needed for the employee's work at DSB. Give an idea of how the employee plans to utilize the information and what the employee hopes to gain to better serve DSB eligible employees.

### Estimated Expenses

#### Subsistence:

Decide if the event is being held in North Carolina or out-of-state. If in North Carolina, complete the In-State section of the form. If out-of-state, complete the out-of-state section of the form.

From the event agenda, figure how many meals and lodging nights will be required for the employee to attend. In the column “# of times” place the number on the row by each area that will be needed. Example: If 2 breakfasts will be required, place 2 on the breakfast row beside the state allowable amount (documented on the form) in the “# of times” column. If 3 lunches will be required, place 3 on the lunch row beside the state allowable amount (documented on the form) in the “# of times” column. If 2 dinners will be required, place 2 on the dinner row beside the state allowable amount (documented on the form) in the “# of times” column. If 2 nights lodging will be required, place 2 on the lodging row beside the state allowable amount (documented on the form) in the “# of times” column.

Once it is decided the number of meals and lodging required, multiply that number by the state allowable amount (documented on the form) and place the total on the line for each area. Example: If 2 breakfasts will be required, multiply 2 times the state allowable amount (documented on the form) and place that total beside the “\$” money symbol unless the amount is automatically filled using a formula. If 3 lunches will be required, multiply 3 times the state allowable amount (documented on the form) and place that total beside the “\$” money symbol unless the amount is automatically filled using a formula. If 2 dinners will be required, multiply 2 times the state allowable amount (documented on the form) and place that total beside the “\$” money symbol unless the amount is automatically filled using a formula. If 2 nights lodging will be required, multiply 2 times the state allowable amount (documented on the form) plus taxes and place that total beside the “\$” money symbol unless the amount is automatically filled using a formula.

Decide if the event is requiring excess lodging which is more than the in-state allowable amount. If the lodging is not excess, complete the number of nights lodging required on the lodging line. If the lodging is excess, complete the number of nights lodging on the excess line which is directly under lodging. Remember to put the entire lodging on one line. Do not split the lodging into lodging and excess. Make sure the total cost (lodging and excess) are on one line.

**Total Subsistence:** Enter the estimated total amount that meals and lodging will cost the Agency unless the amount is automatically filled using a formula.

#### Registration:

From the Agenda, enter the amount of the registration fee on the line beside the “\$” money symbol. If there is no registration for the event, then leave this line blank. If the registration fee is excess, then enter the amount on the excess registration line beside the “\$” money symbol.



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If you are requesting the registration fee be paid in advance, then enter the business name the check will be issued to and enter the complete address to include the PO Box (if one is identified), street address, city, State and five-digit zip code. Also, enter the sponsoring entity's phone number to include area code and seven-digit number.

**Mode of Travel:** Enter the mode of transportation being utilized for the event. If the employee is going to drive a State Car, check the line beside State Car. If the employee is going to utilize Air, check the line beside Air and put the estimated amount on the line beside the "\$" money symbol unless the amount is automatically filled using a formula. This estimated amount should be secured from the Agency Director's Administrative Assistant in the State Office. Agency employees should not obtain this information on their own but should instead seek assistance from the State Office for this amount. If the employee chooses to drive their personal vehicle, check the line beside Private Auto. Estimate the miles by utilizing a map quest search from specific destination to specific destination, enter the number of miles on the line beside miles. Place the approved amount for cost per mile on the line beside the "\$" money symbol unless the amount is automatically filled using a formula. Take the number of miles and multiply by the approved amount of reimbursement and put the estimated amount on the line beside the "\$" money symbol unless the amount is automatically filled using a formula. **The State Budget Manual and Travel Policies must be followed when deciding mode of travel.**

**Total Estimated Expenses:** Enter the total amount that the travel will cost the Agency unless the amount is automatically filled using a formula. This total includes the meals, lodging, registration and travel amounts.

**Advance Requested:** If an advance for the event is being requested, check "Yes" and enter the amount of advance being requested beside the "\$" money symbol. The amount of the advance request must be less than the total estimated expenses. This is an effort to keep Agency staff from writing a check back to the Agency when clearing out the advance. If no, place a check beside "No."

**Remember: All receipts for registration must be attached to a completed travel reimbursement form BD-404.**

The Employee signs and dates the form.

The Employee's supervisor signs and dates the form.

### DISTRIBUTION

**Original:** If Rehabilitation, send original to the Program Specialist for In-Service Training **thirty days in advance of the event beginning date.** Include an agenda and documentation of the dates, times, place and any other documents about the event from the sponsoring entity as support documentation.

If Independent Living Rehabilitation (ILR), send original to the Program Specialist for ILR **thirty days in advance of the event beginning date.** Include an agenda and documentation of the dates, times, place and any other documents about the event from the sponsoring entity as support documentation.

If Independent Living (IL), send original to the Chief, Independent Living/ Medical Eye Care **thirty days in advance of the event beginning date.** Include an agenda and documentation of the dates, times, place and any other documents about the event from the sponsoring entity as support documentation.



## TRAVEL AUTHORIZATION AND TRAINING REGISTRATION INSTRUCTIONS

If Medical Eye Care (MEC), send original to the Chief, Independent Living/Medical Eye Care **thirty days in advance of the event beginning date**. Include an agenda and documentation of the dates, times, place and any other documents about the event from the sponsoring entity as support documentation.

If Business Enterprise, send original to the Chief, Business Enterprise **thirty days in advance of the event beginning date**. Include an agenda and documentation of the dates, times, place and any other documents about the event from the sponsoring entity as support documentation.

Copy:           Supervisor  
                  Employee

**At any point in the process the employee request can be denied for various reasons. A denial may come from the Supervisor, Agency Director or Budget Officer.**

**Once the information is received at the State Office appropriate program (distribution list) it is checked for complete documentation.**

**If all information is not included in the packet, then it is returned to the employee with an explanation of missing information. The employee gathers missing information and returns to the State Office appropriate program (distribution list) for processing. Request will not be processed without all appropriate documentation.**

**If all information is included, it is coded and sent to the Agency Budget Officer. The Budget Officer approves, dates and secures management signatures and dates and sends to the Agency Director's Executive Assistant. The Agency Director's Executive Assistant sends the original to the State Of North Carolina Controller Office, a copy is sent to the State Office appropriate program (distribution list) and a fax copy to the employee.**