

FORM I-2: TRAVEL Budget Category Instructions

NOTE: All contracts with the Department of State Health Services require that a written travel policy be maintained by the contracting entity and available for review by DSHS staff upon request. If a written travel policy is not in place, DSHS's travel policy will be applied.

TRAVEL NOTE - ALL OUT OF STATE TRAVEL MUST HAVE DSHS PRIOR APPROVAL

DEFINITION: The cost of transportation, lodging, meals and related expenses incurred by employees of the organization while performing duties relevant to the proposed project. This includes auto mileage paid to employees on the basis of a fixed mileage rate for the use of their personal vehicle. Costs related to client transportation and registration fees should be classified under the "Other" expense category. Travel costs incurred by a third party under contract should be included within the terms of the contract and be budgeted under the "Contractual" expense category.

INSTRUCTIONS: The TRAVEL Budget Category Detail Form requires information on conferences/workshops and local travel costs for which DSHS funding is being requested.

For conferences/workshops, the following must be included for all attending for whom DSHS funds are being requested: the name and/or description of the conference/workshop, the justification, the location (city/state), and the number of persons attending. The justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project. Enter the estimated cost of mileage reimbursement, airfare, meals, lodging, and incidental costs.

For local travel, the justification or purpose of the local travel, the estimated number of miles to be traveled for the budget period, the mileage reimbursement rate, and any incidental costs. The "Mileage Costs" will be calculated automatically as well as "Total" costs. The justification should include who or what position classification(s) will be traveling and why local travel is necessary to accomplish the project.

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: _____

Conference / Workshop Travel Costs				
Description of Conference/Workshop	Justification	Location (City, State)	Number of Employees Attending	Travel Costs
				Mileage \$
				Airfare \$
				Meals \$
				Lodging \$
				Incidental Costs \$
				Total \$0.00
				Mileage \$
				Airfare \$
				Meals \$
				Lodging \$
				Incidental Costs \$
				Total \$0.00
				Mileage \$
				Airfare \$
				Meals \$
				Lodging \$
				Incidental Costs \$
				Total \$0.00
				Mileage \$
				Airfare \$
				Meals \$
				Lodging \$
				Incidental Costs \$
				Total \$0.00

Total for Conference / Workshop Travel \$0.00

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Incidental Costs (b)	Total (a) + (b)
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00

Total for Other / Local Travel

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-2: TRAVEL Budget Category Detail Form Example

Legal Name of Respondent: Apple County Health Department

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location (City, State)	Number of Employees Attending	Travel Costs	
Community Planning Meetings	Clinic Services Director to attend Family Planning Committee meetings.	Austin, TX	1	Mileage	\$772.00
				Airfare	\$
				Meals	\$105.00
				Lodging	\$255.00
				Incidental Costs	
				Mileage	\$
				Airfare	\$
				Meals	\$
				Lodging	\$
				Incidental Costs	\$
Total for Conference / Workshop Travel					\$1,132.00

Other / Local Travel Costs					
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Incidental Costs (b)	Total (a) + (b)
Local travel for case workers	1068	\$0.45	\$475.26	\$144.00	\$619.26
			\$0.00		\$0.00
			\$0.00		\$0.00
Total for Other / Local Travel					\$619.26

Other / Local Travel Costs: \$619.26
Conference / Workshop Travel Costs: \$1,132.00
Total Travel Costs: **\$1,751.26**

Indicate Policy Used:
Respondent's Travel Policy
State of Texas Travel Policy