

## COVID-19 Travel Voucher Guidance and Instructions

### Form 13.10.10

Travelers **must** use the “COVID-19 Travel Voucher”.

Travel related to the COVID-19 Epi Response is exempt from the Trip Optimizer System requirements.

Travel should be submitted weekly.

For the first reimbursement, put all travel (not already claimed) on one form.

#### **General Travel Guidance:**

**Per IRS regulations and DFA Travel Manual:** For staff temporarily reassigned to another location (temporary place of work for less than one year) they will be reimbursed for authorized and documented expenses between home and the temporary place of work if the temporary place of work is not within the city or town of their regular place of work.

Staff are still required to follow other state and agency travel policies, except for the Trip Optimizer System. Again, travel related to the COVID-19 response is exempt from the Trip Optimizer System requirements.

**Meals:** Meals are only allowed for overnight stays. Use the existing MSDH policy for meal allowances. **If a meal is being provided, no meal reimbursement is allowed.**

**Lodging:** Individuals who need lodging may make their own reservations and use their agency travel card or submit for reimbursement on the COVID-19 Travel Voucher.

**\*If you have any questions, please email [oepr.finance@msdh.ms.gov](mailto:oepr.finance@msdh.ms.gov) or call 601-933-6704 and ask for Sherika Trader. If she is unavailable, ask for Sharon McCain. \***

(See next page for DocuSign Instructions)

## COVID-19 TRAVEL VOUCHER DOCUSIGN INSTRUCTIONS

1. **The COVID-19 Travel Voucher should be filled out and submitted WEEKLY.**
2. From the link provided on the MSDH website under Employee Documents, click to open the initial page.

The Power Form Signer page will open.

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:  
**Requester**

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Your Role:  
**Approval**

Your Name:

Your Email:

[Begin Signing](#)

3. Employee must provide name and email address.
4. Enter your **Response Supervisor or Regional Administrator, as appropriate**, name and email address.
5. Click **“Begin Signing”** box in the bottom right corner. The document will open.

**CONTINUE** **FINISH LATER** **OTHER ACTIONS** ▾

0.00			
0.00			
0.00			
0.00			
0.00			
0.00			
0.00			
0.00			
0.00			
0.00			

6. Click on the yellow **“Continue”** box. This will bring up the document to complete.
7. Enter all your **travel information**. (Miles, meals, hotel or other authorized expenses). All totals will be calculated for you.

**Itemized Statement of Travel Expense** SPAHRS Ag #: 0301 Name: TEST TEST PID#:

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses	
										Item	Amount
<b>Non-Taxable</b>											
										See attached.	
03/18/2020	Reassigned Office	Home to MEMA	25					0.00			
03/18/2020	Reassigned Office	MEMA to Home	25					0.00			
03/19/2020	Reassigned Office	Home to MEMA	25					0.00			
03/19/2020	Reassigned Office	MEMA to Home	25					0.00			
								0.00			
								0.00			

8. Once all your information is input go to bottom of page, click on “**drop down**” box and select correct mileage rate (.575). The Total will be calculated automatically.

Total			100.00					0.00		0.00		0.00
	Mileage Reimbursement Rate		0.575									
	Total Mileage Dollar Amount-Non Taxable											
			57.50									

9. Scroll down to second page and input all **employee information** including Last 4 of SSN, PIN #, Address. ALSO, check the box on the right-hand side about what your employment status is with MSDH (employee, contract worker, board member) AND click Trip Optimizer as NO.

**TRAVEL VOUCHER**

**Make sure totals on both sheets match!**

State of Mississippi: MISSISSIPPI STATE DEPARTMENT OF HEALTH

Employee SSN (Last 4):  PIN/WIN:

Name: TEST TEST PID#:

Address:

**Check One:**

Employee

Contract Worker

Board Member

**Trip Optimizer Attached**

Yes

No

**Reason Why Trip Optimizer is *not* Attached**

Optional

↓

📎

Optional

↓

📎

10. Check box to indicate “**In-State, Out-of-State, Out-of-Country, PTE Request**”.

<b>Check Box(es):</b>	In-State	<input checked="" type="radio"/>	Out-of-State	<input type="radio"/>	Out-of-Country	<input type="radio"/>	PTE Request	<input type="radio"/>
-----------------------	----------	----------------------------------	--------------	-----------------------	----------------	-----------------------	-------------	-----------------------

11. Enter any amounts from Previous Page in appropriate box. **Make sure all total match on both sheets!**

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	0.00
Lodging	0.00
Registration	
Total Rental Cost	
Travel in Private Vehicle	57.50
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	57.50
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Less: PTE Registration	
Net Payment (Overpayment)	57.50

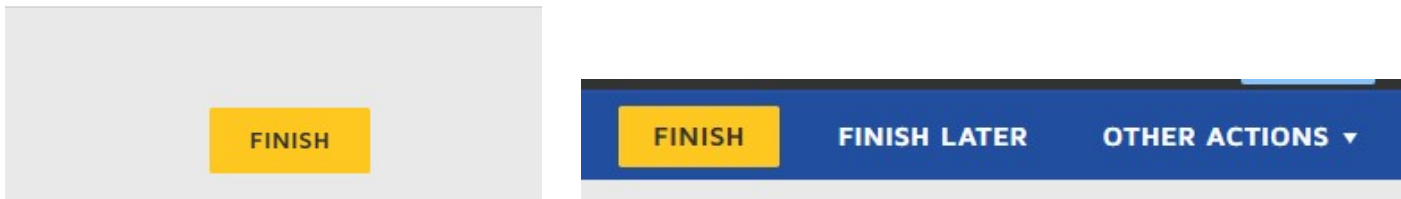
**Make sure totals on both sheets match!**

12. Click on yellow “Sign” box to insert your signature, type in your Title and date and time are already provided.

DocuSigned by:  
 Traveler: TEST TEST Title: Finance Time Unit Date: 4/2/2020 | 1:13 PM CDT  
 Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

13. Click on yellow “Finish” box at bottom or top of form.

Revised 11/28/18



14. This will complete your section of the COVID-19 Travel Voucher. It will be sent to your Response Supervisor or Regional Administrator you entered on the initiation screen for approval then to [oepr.finance@msdh.ms.gov](mailto:oepr.finance@msdh.ms.gov) email for verification and submission for reimbursement.

**\*\*If you have any questions, please email [oepr.finance@msdh.ms.gov](mailto:oepr.finance@msdh.ms.gov) or call 601-933-6704 and ask for Sherika Trader. If she is unavailable ask for Sharon McCain. \*\***