

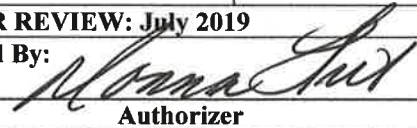


CONTROLLED DOCUMENT

	<b>INTERFACE CONTROL DIRECTIVE</b>	
<b>PROCEDURE FOR:</b> Travel		
<b>PROCEDURE NO.:</b> BRINM-ICD-112	<b>REV. NO.:</b> 2	<b>PAGE:</b> 1 of 10
<b>ISSUE DATE:</b> July 2017	<b>DUE FOR REVIEW:</b> July 2019	
<b>Issued By:</b>  Owner	<b>Approved By:</b>  Authorizer	

**1.0 SCOPE**

This interface control directive (ICD) applies to all Biomedical Research Institute of New Mexico (BRINM) operations. ICDs provide instructions for all program personnel, including principal investigators (PIs) and contract personnel, needed to meet BRINM's mission, operations, and regulatory requirements. This ICD describes BRINM's process for controlling travel advances and reimbursements.

BRINM's processes have been designed to meet the requirements of Generally Accepted Accounting Principles (GAAP), the appropriate provisions of the Federal Acquisition Regulations (FAR), and Office of Management and Budget (OMB) Uniform Guidance, 2 CFR 200.

**2.0 Definitions**

**Great Plains (GP)** refers to an accounting software program used by BRINM for their accounting procedures.

**3.0 PROCEDURE**

This ICD describes BRINM's process for making travel advances and reimbursements. BRINM's employees and contractors occasionally travel in support of its programs and business requirements. BRINM also processes travel advances for certain VA employees (civil servants) who support BRINM programs. To exercise appropriate oversight of travel in accordance with the FAR, BRINM has established strict controls over travel advances and reimbursements.

BRINM may support expenses for the domestic or foreign travel of authorized individuals to bona fide scientific meetings or for other research, research-related educational purposes, or educational purposes. The travel support must be consistent with BRINM policies and the stipulations of any relevant funding source(s). If the travel reimbursement is for a visiting fellow or scholar, the visa status of the individual must allow such reimbursement. BRINM must pre-approve travel for foreign fellows or scientists.

**3.1 Advance Travel Payments**

Cash advances of 80% of per diem and hotel, as well as pre-paid airfare, may be authorized. The following rules apply to travel advances:

- All travel advance requests must be submitted on a BRINM-WI-202, Form 1, Request for Travel Advance Form (see Attachment 1). In addition, Form 1 must be accompanied by either BRINM-WI-202, Form 2, Addendum for BRINM Employee Travel Advance (for BRINM employees only, see

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Attachment 2) or BRINM-WI-202, Form 3, Addendum for Travel Advance (for all other personnel traveling on BRINM funds, see Attachment 3). The BRINM-WI-202, Form 1 must be approved by the BRINM Executive Director (ED), study principal investigator (PI), or the Center Director (CD) of the VA Cooperative Study Program Clinical Research Pharmacy Coordinating Center **before BRINM can process the request.**

- Travel advances must be requested prior to travel and are normally advanced five (5) business days prior to the travel date. With permission of the BRINM ED, travel advance checks may be issued early, for special circumstances.
- All travel by VA employees paid by BRINM must be pre-approved in accordance with the appropriate policies of the Veterans' Health Administration (a request for authorized absence). This approval allows the VA salaried employees to travel on Authorized Leave. All VA employee requests must be accompanied by a completed, signed VA Form 0893, Advance Review of Offer to Donate Support for Official Travel (see Attachment 4).

### 3.2 Travel Rules and Responsibilities

The following rules and guidelines must be considered during travel to ensure that all BRINM reimbursement criteria are met:

Registration: Meeting registrations may be pre-paid through BRINM directly to the meeting organizer. The registration cost may be reimbursed separately, with the BRINM ED's approval.

Lodging: BRINM provides full reimbursement of reasonable hotel expenses with appropriate documentation. The original itemized hotel bill must be submitted with the reimbursement request. Any additional charges from the hotel for an extra person stay must be documented and provided to BRINM. BRINM does not reimburse for this additional charge.

Per Diem: BRINM provides per diem reimbursement (meal and incidental expenses) at the federal per diem rate. Travel days are normally paid at 75% of the federal rate, regardless of the time of departure (see exception in Section 5).

Transportation: BRINM reimburses travel costs based on the most reasonable method of travel to the location, generally coach airfare. BRINM encourages travelers to plan their travel far enough in advance to receive the lowest available air fare. Persons traveling on BRINM funds may not use Government rate airfares. All BRINM paid travel must be at the basic coach rate.

If the traveler makes a non-business-related change to a ticket for which there are additional fees, BRINM may charge the traveler or their project for the changes.

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The traveler must submit adequate justification for any change to an approved ticket.

If the traveler chooses to take an indirect route, interrupt the business travel, or use a mode of travel that requires additional accommodations en route, any resulting expense must be borne by the traveler. Please note the following additional guidelines:

- Reimbursement for ground transport is limited to travel between the home or place of business and the airport; the airport and meeting site, and return.
- Mileage expenses for private automobile use will be at published Government rates. Reimbursements for travel using a private automobile must not exceed the cost of roundtrip coach airfare or the most reasonable travel method.
- As noted, BRINM reimburses costs for coach airfare. Any exceptions require prior approval from the Executive Director or designated authority.

Vehicle Rental: BRINM encourages travelers to use cost effective public transportation when available, but are authorized to rent vehicles when necessary. Travelers are encouraged to seek the lowest possible rate for compact vehicles. Appropriate cost diligence must be applied when larger vehicles are required for transporting multiple BRINM travelers to the same event or location.

Foreign Travel: All foreign travel must be reported to BRINM as soon as possible. This should be done through an e-mail to the BRINM ED specifying the following items:

- a. Name of traveler
- b. Location of travel
- c. Purpose of travel
- d. Dates of travel

Note: all foreign travel by personnel using BRINM funds must be done on domestic carriers.

Alcoholic beverages: As a matter of policy BRINM will not pay for alcoholic beverages consumed during authorized travel.

VA Requirements: If you are a VA employee seeking reimbursement from BRINM for travel related to your research or education programs, there are additional procedures that pertain. As a Government employee going on domestic or foreign travel, the traveler is solely responsible for complying with the requirements of the VA.

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Additional Notes:

- BRINM recognizes the particular requirements of persons with disabilities and makes every effort to accommodate those needs. Please contact the BRINM administrative office as early as possible in the travel planning process for further information.
- BRINM and VA employees are **prohibited** from accepting cash for reimbursement of expenses from any or all other sources while being fully funded for travel by BRINM.

**3.3 Travel Reimbursement Payments**

Once approved travel has been completed, all reimbursement requests must be submitted on BRINM-WI-202, Form 4, Request for Travel Reimbursement form (see Attachment 5). The following rules apply to travel reimbursements:

- If another organization is providing partial reimbursement for a trip, sufficient information must be provided to BRINM to show that it is appropriately reimbursing the traveler (e.g. VA travel documents showing which items have been reimbursed and the amount).
- Documentation of the meeting dates, location, and topic or theme must be provided. A program guide or brochure (a copy of the cover is sufficient if all the information is stated on it); an invitation letter; or other written documentation that includes the dates, location, and purpose must be submitted with the reimbursement request.
- Individual items \$25 or greater in cost must be accompanied by receipts. Items costing less than \$25 need only be itemized. **Original receipts are required for reimbursement.**
- Requests for reimbursement must be submitted within 30 days after travel has been completed.
- All VA employee requests must be accompanied by a completed, signed VA Form 0893.

**4.0 PROCESS RECORDS**

Records generated provide solid data to ensure that required processes or sub-processes, as described in this WI, have been effectively completed. The saved Travel File constitutes the record for this process.

**5.0 EXCEPTIONS**

1. If the traveler arrives after 12:00 a.m., the traveler is paid 100% for the day of departure (only).

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2. Pre-employment travel: Pre-employment travel is only allowed in specific instances and is typically limited to enabling a study-assigned research coordinator to attend necessary training or meetings, prior to final approval of the R&D package for a VA-approved project. To pre-approve such travel, BRINM must receive appropriate project-related documentation and justification from the PI. Furthermore, the study Sponsor must agree to reimburse BRINM for any incurred pre-employment travel costs.

**6.0 REFERENCES**

BRINM Handbook

BRINM NPC Checklist


Federal Acquisition Regulations, Applicable Sections

Office of Management and Budget Uniform Guidance, 2 CFR 200

National Institute of Health Grant Applications Package

National Institute of Health Grants Policy Guidelines

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**Attachment 1, Sample BRINM-WI-202, Form 1, Request for Travel Advance**



1501 San Pedro SE, Bldg 14 (151)  
 Albuquerque, NM 87108  
 Voice: 505-260-1033 Fax: 505-256-5467

**PAYMENT REQUEST FOR TRAVEL ADVANCE**

DATE: \_\_\_\_\_ BRINM Account#: \_\_\_\_\_

TO: BRINM

FROM: \_\_\_\_\_

Please note, if you are a VA Federal Employee, BRINM will not advance any travel expenses submitted without the FEDERAL VA 0893 form attached. This form is required for each separate advancement and reimbursement request, even if they are for the same trip.

Please issue a check to: \_\_\_\_\_

For attendance at: \_\_\_\_\_

On the dates of: \_\_\_\_\_

Location: \_\_\_\_\_

- I am NOT a VA employee and I do NOT need a VA-0893 Form
- I am a VA employee and VA-0893 form IS attached

**Please list travel expenses below: Travel advance will be issued at 80% of expected total.**

EXPENSE	RATE (R)	UNIT (U)	TOTAL = (R*U)
Hotel (Reasonable Rate)			
Meals & Incidentals			
Transportation (air fare)			
(Mid-Size Car Rental)			
Cabs			
Parking			
Other (Specify)			
<b>TOTAL EXPECTED EXPENSES</b>			
Multiply by 80%			x 0.80
<b>TOTAL ADVANCE</b>			


Explain below or on back any exceptional circumstances requiring additional advance funds.

\_\_\_\_\_  
 Authorized Approval  
 BRINM-WI-202 Form 1, Revision 1

\_\_\_\_\_  
 Date

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**Attachment 2, Sample BRINM-WI-202, Form 2, Addendum for BRINM Employee Travel Advance**



1501 San Pedro SE, Bldg 14 (151-B)  
Albuquerque, NM 87108  
Voice: 505-260-1033 Fax: 505-256-5467

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**Addendum for BRINM Employee Travel Advance**

I understand and agree that I am receiving a travel advance from BRINM for \_\_\_\_\_ (Event) on \_\_\_\_\_ (Date). I also understand and agree that I will submit complete documentation, within 30 days of my return from travel, confirming how these funds were spent by me. If I fail to submit complete documentation in a timely manner, I will either reimburse BRINM for any undocumented portion of the travel advance or I will allow BRINM to deduct this sum from my next regular paycheck, after any income tax withholding required by law has first been deducted.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

BRINM-WI-202, Form 2, Revision 1


**BRINM Proprietary Information**

1501 San Pedro SE, Bldg 14 (151)

Albuquerque, NM 87108

Voice: 505-260-1033 Fax: 505-256-5467

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**Attachment 3, Sample BRINM-WI-202, Form 3, Addendum for Travel Advance**



1501 San Pedro SE, Bldg 14 (151-B)  
Albuquerque, NM 87108  
Voice: 505-260-1033 Fax: 505-256-5467

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**Addendum for Travel Advance**

I understand and agree that I am receiving a travel advance from BRINM for \_\_\_\_\_(Event) on \_\_\_\_\_(Date). I also understand and agree that I will submit complete documentation, within 30 days of my return from travel, confirming how these funds were spent by me. If I fail to submit complete documentation in a timely manner, I will reimburse BRINM for any undocumented portion of the travel advance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BRINM-WI-202, Form 3, Revision 1**

**BRINM Proprietary Information**


1501 San Pedro SE, Bldg 14 (151)

Albuquerque, NM 87108


Voice: 505-260-1033 Fax: 505-256-5467



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**Attachment 4 – Sample VA Form 0893**

 Department of Veterans Affairs						
<b>ADVANCE REVIEW OF OFFER TO DONATE SUPPORT FOR OFFICIAL TRAVEL</b>						
NOTE: This VA Form 0893 is to be used to accept a gift of travel under 31 U.S.C. §1353 or 5 U.S.C. §4111 and does NOT replace travel authorization documents. USE THIS FORM IN CONJUNCTION WITH THE CURRENT OFFICIAL DUTY VA TRAVEL MANAGEMENT SYSTEM. This form is not necessary for travel in personal capacity or when pursuant to a contract.						
INSTRUCTIONS: Please complete and have office head sign on page 2. Forward to Assistant General Counsel (023)(VACO), Regional Counsel (Field), or OGC Deputy Ethics Official. They will review and return form to you. You must then provide form to one of the officials with gift acceptance authority listed on the bottom of page 2. Upon completion of your travel, this form (with all necessary signatures) must be included with your claim for reimbursement of travel expenses (travel voucher). Faxing a copy of this form to the current VA travel management system is acceptable.						
<b>INFORMATION ABOUT VA EMPLOYEE (Traveler)</b>						
NAME OF VA EMPLOYEE		POSITION TITLE	E-MAIL ADDRESS			
PHONE NUMBER	ADMINISTRATION/OFFICE		DUTY STATION (Facility Name and City)			
<b>INFORMATION ABOUT DONOR AND/OR HOST ORGANIZATION</b>						
NAME OF ORGANIZATION HOSTING THE EVENT		NAME OF DONOR ORGANIZATION (if different from Host)				
HOST ORGANIZATION POINT OF CONTACT (POC)		DONOR ORGANIZATION POINT OF CONTACT (POC)				
HOST POINT OF CONTACT E-MAIL ADDRESS		DONOR POINT OF CONTACT E-MAIL ADDRESS				
HOST POINT OF CONTACT DAYTIME PHONE NUMBER EXT:		DONOR POINT OF CONTACT DAYTIME PHONE NUMBER EXT:				
<b>INFORMATION ABOUT MEETING OR EVENT SPONSORED BY (DONOR) HOST ORGANIZATION</b>						
FULL NAME (no abbreviations) AND ADDRESS OF EVENT (including City, State, Country)		START DATE OF EVENT	END DATE OF EVENT			
		START DATE OF TRAVEL (foreign travelers only)	END DATE OF TRAVEL (foreign travelers only)			
PURPOSE OF EVENT (include 1, how this event will further VA's interests, and 2, how this event is part of your official duties.)						
1.						
2.						
OTHER ENTITIES ATTENDING OR PARTICIPATING		ROLE OF EMPLOYEE-TRAVELER (e.g. attendee, speaker, trainer, etc.)				
DID DONOR OFFER TO PAY SIMILAR AMOUNTS FOR OTHER ATTENDEES SIMILARLY SITUATED (e.g. if you are going to be a speaker, did donor offer similar travel gifts to all speakers at the event?) <input type="checkbox"/> YES <input type="checkbox"/> NO						
IS FEDERAL GOVERNMENT PAYING FOR ANY PORTION OF LODGING/MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
INSTRUCTIONS: Fill out dollar amount and appropriate Gift Code for each applicable category. Include amounts for spouse if donor has offered to support spouse travel. If accepting gift for spouse travel, supervisor must confirm that acceptance complies with 41 C.F.R. 304-3.14.						
	GIFT CODE	NO. OF NIGHTS	COST PER NIGHT			**APPROVED PER DDA LODGING/MEALS
LODGING			\$		TOTAL LODGING	\$
			SELF	SPOUSE		
MEALS			\$	\$	TOTAL MEALS	\$
TRAVEL FARES		<input type="checkbox"/> COACH <input type="checkbox"/> PREMIUM	<input type="checkbox"/> COACH <input type="checkbox"/> PREMIUM	<input type="checkbox"/> 1st CLASS \$	TOTAL FARES	\$
GROUND TRANSPORTATION			\$		TOTAL GROUND TRANSPORTATION	\$
EVENT FEES			\$		TOTAL FEES	\$
OTHER EXPENSES (Describe in the RELATEX section below.)			\$		TOTAL OTHER EXPENSES	\$
					GRAND TOTAL	\$
GIFT CODE KEY: 1 - In-Kind - e.g. donor provides airline ticket 2 - Check/other monetary instrument payable to VA 3 - Check/other monetary instrument payable to employee* 4 - Cash to employee*						
*VA employees may only receive cash or check payable to employee if donor is a tax-exempt 501(c)(3) corporation. Note that not every non-profit corporation is classified as a 501(c)(3).						
**GSA per diem rates for CONUS travel, DoD per diem rates for OCONUS travel, Department of State per diem rates for foreign travel.						

VA FORM 0893  
JAN 2013

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**Attachment 5, Sample BRINM-WI-202, Form 4, Request for Travel Reimbursement**



1501 San Pedro SE, Bldg 14 (151)  
 Albuquerque, NM 87108  
 Voice: 505-260-1033 Fax: 505-256-5467

**PAYMENT REQUEST FOR TRAVEL REIMBURSEMENT**

DATE: \_\_\_\_\_ BRINM Account#: \_\_\_\_\_

TO: BRINM

FROM: \_\_\_\_\_

Please note, if you are a VA Federal Employee, BRINM will not reimburse any travel expenses submitted without the FEDERAL VA-0893 form attached. This form is required for each separate advancement and reimbursement request, even if they are for the same trip.

Please issue a check to: \_\_\_\_\_

For attendance at: \_\_\_\_\_

On the dates of: \_\_\_\_\_

Location: \_\_\_\_\_

- I am NOT a VA employee and I do NOT need a VA-0893 Form
- I am a VA employee and my VA-0893 form IS attached

**Please list ALL expenses below:**

EXPENSE	RATE (R)	UNIT (U)	TOTAL = (R*U)
Hotel (Reasonable Rate)			
Meals & Incidentals			
Transportation (air fare)			
(Mid-Size Car Rental)			
Cabs			
Parking			
Other (Specify)			
<b>TOTAL EXPENSES</b>			
(LESS ADVANCE)			()
<b>TOTAL REIMBURSEMENT</b>			

Explain below or on back any exceptional circumstances requiring additional expenditures.

\_\_\_\_\_  
 Authorized Approval  
**BRINM-WI-202 Form 4, Revision 1**

\_\_\_\_\_  
 Date

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