

TRAVEL MANAGEMENT COMPLIANCE CERTIFICATION

Employee Name _____ CID# _____

Trip Date _____ Destination _____

AIRFARE

- State contracted fares used
 No airfare reimbursement requested for this trip
 Exemption utilized: (check one)
 City pairs not on state contract
 Used non-contract, lower fare available to general public
 Contract travel vendor could not provide services in the time period required to accomplish the purpose for travel
 Lower fare offered by contract airline
 Disability requiring special considerations - explain on back
 Use of contract vendor presented a security or safety risk to traveler - explain on back
 Contractor not available

LODGING

- State contracted lodging used
 No lodging reimbursement requested for this trip
 Exemption utilized: (check one)
 Contract hotel not available in location that reasonably allowed business requirements to be fulfilled or there is a non-contract hotel/motel substantially closer in promimity to where the traveler conducted business
 Contract hotel unable to provide the required services because it was sold out or did not offer services in city visited
 Alternative lodging arrangements made at a lower total cost than contracted hotels based on cost of guest room less taxes
 Disability requiring special considerations - explain on back
 Use of contract vendor presented a security or safety risk to traveler - explain on back

RENTAL CAR

- State contracted rental car used
 No rental car reimbursement requested for this trip
 Exemption utilized: (check one)
 Vendor unable to provide required services as it was sold out or did not offer services in city visited
 Alternative rental car arrangements were made that offered a lower total cost than the contract including: base rate, loss/damage waiver protection, mileage charge, applicable taxes, surcharges and cost for comparable liability insurance coverage
 Disability requiring special considerations - explain on back
 Use of contract vendor presented a security or safety risk to traveler - explain on back

OTHER

- Travel was undertaken as part of group program for which reservations had to be made through a specified source to obtain a specified rate or service.

I certify that this trip was scheduled in compliance with the State mandated Travel Management Program rules as indicated by the information given above.

Date

Employee Signature (not delegated)