



Texas Workforce Commission
Vocational Rehabilitation Services
Travel Premium Plan and Report

General Instructions

Use this form only for services listed in [VR-SFP Chapter 20.10 Travel Premium](#) for mileage and all other travel expenses for one round trip.

All requirements in the TWC-VR Standards for Providers must be followed and the most economical means of travel should be used.

Service Authorization must be issued for each customer prior to any travel including mileage.

Use this form:

- for reporting mileage only, after travel, which does not require preapproval;
- for obtaining pre-approval, by a VR Manager for lodging, meals, ground transportation and air travel expenses prior to travel;
- for reporting actual expenses, after travel, for lodging, meals, ground transportation and air travel expenses.

Before traveling, the provider must receive the VR3436 with all required VR Manager approvals for lodging, meals, ground transportation and air travel expenses, a service authorization must be received before any travel, including mileage.

Enter information for all customers associated with the round-trip travel. When multiple customers are seen, the total travel cost is divided equally between all customers who were provided service during the round-trip travel. The amount invoiced should match the total in the Summary Report for Invoicing Section and the Actual Travel Expenses sections of the form. Gain signatures prior to submitting the form.

Demographic Information

Name of Provider:		Name of Provider Staff Traveling:	
Beginning and Ending Location of Travel	Street Address:	City/town:	ZIP:
Type of Travel: (select all that apply) <input type="checkbox"/> Mileage Reimbursement <input type="checkbox"/> Lodging, Meal, Ground Transportation and/or Air Travel			
Services to be provided to: Only one customer Multiple Customers			

Customer Information and Projected Service Hours				Summary Report for Invoicing			
Customer Case ID	Location to be traveled to provide services	Service(s) to be provided	Projected Service Hour(s) to be provided	Actual Number of Service Hour(s) provided	Total Amount to be Invoiced	VR Verify Hours	VR Staff Initials
Customer 1	Street Address: City/Town: ZIP:					Yes No	
Customer 2	Street Address: City/Town: ZIP:					Yes No	
Customer 3	Street Address: City/Town: ZIP:					Yes No	
Customer 4	Street Address: City/Town: ZIP:					Yes No	
Customer 5	Street Address: City/Town: ZIP:					Yes No	
Customer 6	Street Address: City/Town: ZIP:					Yes No	
Mileage- NO PRE-APPROVAL REQUIRED							
Mileage: Requested Yes No If yes, answer questions below.							
Date(s) entered can only be for one round trip.							
Date	Start Time	Starting location	Travel to location	Number of miles	Verified by VR Staff	VR Staff Initials	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	

Total Round Trip Miles Traveled: minus 50 miles equals

miles (carried from line above) divided by number of customers served in round trip equals miles

miles (carried from line above) multiplied by approved state rate equals the amount invoiced for each customer

Summary of Travel Expenses Excluding Mileage---MANAGER PRE-APPROVAL REQUIRED

Requested Travel Expenses		Actual Travel Expenses			
Anticipated Travel Days:		Actual Travel Days:			
Start Date:	End Date:	Start Date:	End Date:		
Estimated Total Number of Days Service will be provided:		Total Number of days Services were provided:			
Estimated Total Number of Hours of Services to be provided:		Total Number of Hours of Services were provided:			
Estimated Total of All Travel Expense:		Actual Total of All Travel Expense:			
Lodging					
Lodging: Requested Yes No If yes, answer questions below.					

Lodging Requested Travel Expenses					Lodging Actual Travel Expenses (includes taxes and fees)				
City of Lodging	Number of Nights Per City	Estimated Cost per night per City	Total Estimated Cost per City	VR Manager Approved	Number of Nights per City	Total Cost Per City	Receipts Attached	VR Verify Expenses	VR Staff Initials
				Yes No			Yes No	Yes No	
				Yes No			Yes No	Yes No	
				Yes No			Yes No	Yes No	
				Yes No			Yes No	Yes No	
Total Estimated Cost of Lodging Expenses				Yes No	Total of Actual Lodging Expenses:			Yes No	

Meals

Meals Requested: Yes No If yes, answer questions below.

Meals Requested Travel Expenses				Meals Actual Travel Expenses (includes taxes)				
Meals Based on the GSA's Federal Domestic Per Diem Rate for City	Number of Days	Total Estimated Cost per City	VR Manager Approved	Number of Days	Total Cost per City	Receipts Attached	VR Verify Expenses	VR Staff Initials
			Yes No			Yes No	Yes No	
			Yes No			Yes No	Yes No	
			Yes No			Yes No	Yes No	
Total Estimated Cost of Meal Expenses:				Yes No	Total of Actual Meal Expenses:			Yes No

Ground Transportation

Ground Transportation Requested: Yes No If yes, answer questions below.

Ground Transportation Requested Travel Expenses			Ground Transportation Actual Travel Expenses				
Type of Travel	Estimated Total Cost	VR Manager Approved	Total Cost per Type of Travel	Receipts Attached	VR Verify Expenses	VR Staff Initials	
Bus		Yes No		Yes No	Yes No		
Taxi		Yes No		Yes No	Yes No		
Network Driver (e.g., Uber)		Yes No		Yes No	Yes No		

Other Type of Ground Transportation		Yes	No		Yes	No	Yes	No
Total Estimated Cost of Ground Transportation Expenses:		Yes	No	Total of Actual Ground Transportation Expenses:			Yes	No
Air Travel								
Air Travel Requested: Yes No If yes, answer questions below.								
Air Travel Requested Travel Expenses				Air Travel Actual Travel Expenses				
Outbound Airport	To Airport	Estimated Flight Cost	VR Manager Approved	Total Cost per Flight	Receipts Attached	VR Verify Expenses	VR Staff Initials	
			Yes No		Yes No	Yes No	Yes No	
			Yes No		Yes No	Yes No	Yes No	
			Yes No		Yes No	Yes No	Yes No	
			Yes No		Yes No	Yes No	Yes No	
			Yes No		Yes No	Yes No	Yes No	
Total Estimated Cost of Air Travel:		Yes	No	Total Actual Air Travel Expenses:			Yes	No

Air Travel Justification:

Briefly describe why air travel is necessary and/or how it is the most cost-effective method of travel.

Supplemental documentation for cost comparison attached as addendum Yes No

Signatures at Request for Approval of Travel Expenses

Provider Signature

I, the provider staff person, certify that the expenses requested follow the requirements in the VR Standards for Providers for Travel Reimbursement.

Print or type name:

Signature:

Date:

VR Manager Signature

Approve Do not approve

I the VR Manager have indicated the approval or disapproval of requested travel expenses above and agree they are necessary for the customer to receive the services outlined in his/her IPE.

Print or type name:

Signature:

Date:

Signatures at Submission of Actual Travel Expenses

I, the provider staff person, certify the following:

- Each customer received a service other than acquiring a signature,
- I reported above the actual expenses incurred from the travel following VR-SFP requirements and have attached the receipts as proof of expenses,
- For any mileage submitted, I used MapQuest Route Planner with shortest distance and round-trip options to identify miles to be reimbursed,
- For mileage, the first 50 miles driven for round trip are subtracted for total miles driven.

Print or type name:

Signature:

Date:

VRS Use Only—VRS Approval of the Report

Verified preapproval for travel was documented by VR Manager, when applicable.	Yes	No	NA
Verified the submitted expenses are not greater than the approved amount.	Yes	No	NA
Verified the report is accurately completed per form instructions, the Standards for Providers, and/or the SA.	Yes	No	NA
Verified each customer received at least 1 service other than acquiring a signature.	Yes	No	NA
Verified for mileage that first 50 miles were subtracted from total miles traveled.	Yes	No	NA
Verified mileage was calculated using MapQuest Route Planner with shortest distance and round-trip options selected.	Yes	No	NA
Verified that the current state-approved mileage rate was used in calculating the fee for mileage.	Yes	No	NA
Verified the expenses are split equally between all customers who were provided service within the round-trip travel.	Yes	No	NA
Verified the receipt for lodging is for a hotel at GSA's Federal Domestic Per Diem Rate for City traveled to, or a less expensive lodging option is used.	Yes	No	NA
Verified lodging expenses are equal to or less than the GSA's Federal Domestic Per Diem Rate for each city listed and receipts submitted.	Yes	No	NA

Verified meal expenses are equal to or less than the GSA's Federal Domestic Per Diem Rate for each city listed and receipts submitted.	Yes	No	NA
Verified ground transportation expenses have a receipt submitted.	Yes	No	NA
Verified that justification for air travel is appropriate and includes supporting documentation, as applicable.	Yes	No	NA
Verified air travel expenses have a copy of a complete passenger receipt issued by a commercial airline company or an itinerary issued by the airline company or travel agency with a receipt submitted.	Yes	No	NA
Verified no gratuity is being invoiced.	Yes	No	NA
If any question above is answered "No," complete the following:			
<ul style="list-style-type: none"> Send a copy of the submitted invoice and the report to the provider with the VR3460 to notify the provider the service delivery or report did not meet the requirements as described in the VR Standards for Providers and/or SA. Date: Record a case note to document the return of invoice and required form(s). Date: 			
Report:	Approved	Sent back to provider	
Comment (if any):			
Printed name of VR staff member making verification:		Date Verified:	