The EPSCoR central office has funds available to cover qualifying travel. These funds were established to build the capabilities of the research groups within DART and to promote education and dissemination efforts. Early submission is encouraged as funding is limited.

***AEDC Travel Request form must be submitted for approval at least one month in advance of travel.***

Travelers must submit a Travel Request Form for trips that require an overnight stay. Individuals/universities who arrange travel before completing the form and obtaining necessary approvals are personally liable for any expenses incurred.

A Travel Request Form must be completed by each traveler for his/her personal expenses and allowable travel expenses incurred by the traveler’s university.

Travel requests will be reviewed and approved by DART Project Director and AEDC staff. Expenses incurred prior to Travel Requests being completed and approved will **NOT** be eligible for reimbursement. Please plan your travel requests accordingly.

The EPSCoR central office will reimburse DART researchers and their universities for their pre-approved travel expenses related to the work of the DART project in accordance with the Arkansas Economic Development Commission’s Travel Policies detailed below:

**Travel Expenses Incurred by the Approved Traveler**

DART participants/universities who obtain **prior approval** will be reimbursed for conference registration fees (when applicable), transportation, lodging and **meals\*** (actual expenses not to exceed the maximum allowable rate as listed for the approved travel location in accordance with the federal travel directory at <http://www.gsa.gov/portal/content/104877>).

**\***State of Arkansas policy on meal reimbursement

Meal reimbursement is allowed only in connection with overnight travel. The maximum full day meal allowance, including sales tax and up to 15% gratuity, can’t exceed the federal per diem rate depending on the destination location. The traveler is only eligible for 75% of the daily allowance for meals on the first and last day of travel. If travel covers a two-day period, then meal reimbursement is up to 75% of the daily allowance for each day. For partial days, meals charged must be in proportion to the time in travel status and may not exceed the maximum for applicable meal(s) stated in the Federal Travel Directory for the destination location(s).

Please note the state travel regulation does not allow reimbursement of alcoholic beverages. If you have alcohol with your evening meal, please ask for a separate check for the alcohol.

Please request from your server itemized receipts that reflect only your personal meal. This makes the process of reimbursement proceed much more smoothly.

Additionally, extra room charges such as in-room movies, room service or other charges not included in the regular published room rate will not be eligible for reimbursement. If you are unsure of the eligibility of a fee for reimbursement, please contact Ms. Cathy Ma at [cma@Arkansasedc.com](mailto:cma@Arkansasedc.com) when preparing your Travel Request Form.

**Personal Vehicle Mileage Reimbursement**

If driving a personal vehicle the traveler will be reimbursed at a rate of $0.52/mile (we will notify you if the rate changes) from traveler’s “official station” to the approved travel destination. A traveler’s “official station” is their place of work or study (campus or business). Mileage should be calculated from the “official station” to the approved travel destination. A copy of the map with travel distance is required for any mileage claim on TR1.

**Rental Car**

Rental vehicles should be secured through campus travel department in accordance with applicable state and University policies and rules.

**Valet Parking** is NOT reimbursable.

**Travel Expenses Incurred by University/College Travel Offices/Departments**

If travel arrangements are booked and paid for through a university/college department account (i.e. airfare, hotels, rental cars), the traveler MUST complete the attached Travel Request Form for expenses incurred by University.

**Requests for Travel Reimbursement**

*TR-1 Form for expenses paid by travelers*

After the approved travel is completed, submit the signed Travel Reimbursement (AEDC’s TR-1 form is attached), W-9 and original receipts (***itemized receipts are required for food***) to Ms. Cathy Ma (cma@arkansasedc.com).

*University’s invoice for expenses paid by University (If applicable)*

University can be reimbursed for the costs they paid on behalf of the traveler for the approved trip. A university’s invoice with details reflecting the charges incurred by the university/college offices is required for travel reimbursement.

**Requests for Travel Reimbursement should be received within 4-weeks of the last day of the approved trip.** Failure to submit Reimbursement request in a timely manner may result in a denial of the request for reimbursement.

**One traveler may not include on his/her travel payment request the expenses of another traveler.**

For more details on the State travel regulations, please visit:

<https://www.dfa.arkansas.gov/accounting-office/financial-management-guide/subchapter-9-travel-regulations>

Forms included:

* Travel Request Form (costs incurred by Travelers)
* Travel Request Form (costs incurred by University)
* Exceed Per Diem Approval Form
* AEDC TR-1 Form (email attachment)

**Travel Request**

**(Travel expenses incurred by travelers)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructions | ***This form must be completed for travel that requires an overnight stay and must be submitted before arrangements are made. Individuals who arrange travel before completing the form and obtaining necessary approvals are personally liable for any expenses incurred.***  ***One traveler may NOT include on his/her travel /payment request the expenses of another traveler.*** | | | |
| Travel  Information | Traveler’s Name | | Traveler’s Institution | |
| Destination | Travel Date(s) | | |
| Purpose of Trip | | | |
| How does this travel benefit DART? | | | |
| Mode of Travel | | | |
| Cost Center - 421674 | Fund Center – Z99  Fund - FST0800 | | |
| Estimated  **Traveler’s**  Travel Costs | Item | | | Amount |
| Registration | | |  |
| Transportation (Specify) | | |  |
| Lodging (Specify Rate and Number of Days. If rate exceeds per diem, complete authorization form on the 2nd page) | | |  |
| Private Car Mileage (Total Miles x Current Rate) | | |  |
| Other (Specify) | | |  |
| **Total** | | |  |
| Signature | Traveler’s Signature | | | Date |
| DART Thrust Lead Signature | | | Date |
| DART PI / PD Signature | | | Date |

**Travel Request**

**(Travel expenses incurred by University)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Instructions | ***This form must be completed if any of the allowable travel expenses are paid by University. Travel request form MUST be received before arrangements are made. The University who arranges travel before completing the form and obtaining necessary approvals are liable for any expenses incurred.***  ***Only include on the travel request the University incurred expenses of ONE traveler.*** | | | | |
| Travel  Information | Traveler’s Institution | | | Traveler’s Name | |
| Destination | | Travel Date(s) | | |
| Purpose of Trip | | | | |
| How does this travel benefit DART? | | | | |
| Mode of Travel | | | | |
| Cost Center - 421674 | Fund Center – Z99  Fund - FST0800 | | | |
| Estimated  **University** Travel Costs | Item | | | | Amount |
| Registration | | | |  |
| Transportation (Specify. If you request a **rental car**, please provide a justification) | | | |  |
| Lodging (Specify Rate and Number of Days. If rate exceeds per diem, complete the over per diem authorization form) | | | |  |
| Private Car Mileage (Total Miles x Current Rate) | | | |  |
| Other (Specify) | | | |  |
| **Total** | | | |  |
| Signature | Traveler’s Signature | | | | Date |
| DART Thrust Lead Signature | | | | Date |
| DART PI / PD Signature | | | | Date |

**Travel Request**

**Authorization to Exceed Per Diem for Lodging**

|  |  |  |  |
| --- | --- | --- | --- |
| Instructions | ***This form must be completed for authorization to exceed the per diem for lodging.*** | | |
| Travel  Information | Traveler’s Name | | Traveler’s Institution |
| Destination | Travel Date(s) | |
| Purpose of Trip | | |
| Lodging  Information | Where do you plan to stay? | |  |
| What is the offered daily base rate? | |  |
| Please specify the rate category (ex: government, best available, conference). | |  |
| What is the daily difference in the GSA rate and the offered rate? (<http://www.gsa.gov/portal/content/104877>) | |  |
| Please provide a brief justification of why the traveler must stay in a hotel that does not meet the per diem rate. | |  |
| Signature | Traveler’s Signature | | Date |
| DART PI / PD Signature | | Date |
| AEDC Leadership Signature | | Date |

**\*\*** State of Arkansas’s Travel Regulation canbe accessed at

<https://www.dfa.arkansas.gov/accounting-office/financial-management-guide/subchapter-9-travel-regulations>