

Travel Policy & Procedure

Presented by:

Travel Unit

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Fiscal & Administrative Services



THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION

Vendor Package

Each traveler is required to submit a vendor package to obtain a Vendor number in order to process your reimbursement.

1. Traveler's Name
2. Traveler's name and information such as; Social Security number, Mailing address, contact number, and email address.
3. Traveler to print, sign, and date.



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USVI THIRD PARTY FIDUCIARY (TPF)

VENDOR MAINTENANCE FORM (AR10)	
The following four (4) documents must accompany a "Request for New Vendor" and "Request to Update Existing Vendor". Failure to provide this support will result in a delay in the vendor receiving payment or Vendor Maintenance. Please send PDF of this form to infogvi@mjlm.com .	
Please select one: [Please select one]	
1) W-9 Form 2) ACH Form 3) Business License 4) SAM Records	
New Vendor Number: 1	Vendor Number: _____ <small>(Internal Use Only)</small> <small>(Updating Vendor Record)</small>
New Vendor Information	
Vendor Name: <small>(as it appears on the W-9)</small>	_____
Vendor Doing Business As: <small>(DBA)</small>	_____
Vendor EIN / Tax ID / SS No.:	_____
Mailing Address:	_____
City / State / Zip:	_____
Telephone:	2
EFT Notification Email:	_____
EFT Contact Name:	_____
Purchase Order Notification Email:	_____
Purchase Order Notification Email:	_____
Purchase Order Contact Name:	_____
Vendor Requires 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Updating Vendor Information	
Previous Vendor Information	New Vendor Information
Vendor Name:	Vendor Name:
Vendor DBA:	Vendor DBA:
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Telephone:	Telephone:
EFT Email:	EFT Email:
EFT Contact Name:	EFT Contact Name:
PO Email:	PO Email:
PO Contact Name:	PO Contact Name:
Requested by: _____	Signature: 3 Date: _____
For Internal Use	
Completed by: _____	Signature: _____ Date: _____

Vendor Package ACH Electronic Form

1. ACH/Electronic Vendor Information

- Traveler's name
- Email Address
- Social Security number, Bank/Financial Institution Name, and address.
- Bank account number
- Routing number
- Account type; checking, savings

2. Signature

3. Date



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USVI THIRD PARTY FIDUCIARY (TPF)

ACH/ELECTRONIC PAYMENTS VENDOR REQUEST FORM (AR33)	
This form is used to process or update a vendor file record to allow for ACH/Electronic payments. A copy of a voided check must be included with this form.	
Section A: To Be Completed by Vendor	
Vendor Name:	
Vendor Contact Name:	
Vendor Email:	
Vendor EIN / SS Number:	
Bank Name:	1
Bank Street Address:	
Bank City / State / Zip:	
Bank Contact Name:	
Bank Telephone:	
Bank Account Number:	Account Type: [Select Account Type]
Routing Number:	
Signature:	2 Date: 3
Section B: To Be Completed by MJ Vendor Management Personnel	
Munis Vendor Number:	Date Request Received:
Comments:	
Request Processed By:	Title:
Signature:	Date:

Please send completed form in PDF format to infogvi@milm.com.
This form must always be accompanied by a vendor maintenance form (AR10).

W-9 Form

Request for Taxpayer Identification Number and Certification

1. Traveler's name as shown on your income tax return.
2. Individual/Sole Proprietor or Singe-Member LLC.
3. Mailing Address – City, State, and Zip Code.
4. Social Security Number.
5. Signature and Date.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification
▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1

2

3

Print or type
See Specific Instructions on page 3

4

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
☐ Other (see instructions) ▶
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
____ - ____ - ____
OR
Employer identification number
____ - ____ - ____

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person ▶
Date ▶

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General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X
Form **W-9** (Rev. 10-2018)

Virgin Islands Department of Education

Travel Policy



- A travel package must be completed and submitted to the Federal Grants office to submit for processing prior to 60 days of travel.
- The travel letter must be addressed to the Governor of the USVI from the Commissioner and include all supporting documentation.
- Travel letter must contain the following:
 - WHO? – Who will be traveling?
 - WHAT? – What is the purpose of the travel?
 - WHEN? – When will they be traveling?
 - WHERE? – Where will they be traveling to?
 - WHY? – Why are they traveling?
- Travel voucher packet must be turned in to travelvoucher@vide.vi within 5 business days of your return date.

Travel Policy



- Travel voucher files must be in a pdf format
- Travel requiring overnight stay shall be reimbursed the actual cost of a hotel room, including taxes, not to exceed the GSA allowable rate.
- The room shall be booked at the best available rate for both inter-island and Out-of-Territory travel whenever possible.
- Non-GVI (Non-Public School) employees will be treated as reimbursement and must submit a travel voucher to include all reimbursable expenses.
- Each School will be responsible for booking its own travel/airline ticket.
- Travel packet must be in one pdf file in a specific order



Travel Package Supporting Documents

Travel Requests (submitted in one pdf file in this order)

- Travel letter for the Governor's signature
- Travel letter addressed to the Commissioner from Superintendent
- GTR
- Conference Agenda
- Cash Advance Request (**BOTH LOCAL & FEDERAL** Employee Vendor Number)
- Authorization for Travel
- Airline quote
- Hotel confirmation/quote (if applicable)
- Training/Conference registration (if applicable)
- Federal Consolidated Grant Budget - CGB (if applicable)

GTR

1. DO NOT USE
2. Traveler's Name
3. Departure and arrival city
4. Conference Name
5. Complete breakdown of costs
6. Travel agent's name
7. Funding source (Org, Obj., and Project)
8. Total cost of the GTR (cost of travel x amt of travelers)
9. Each traveler's name and signature

G.T.R. NO. 1	
DATE	

THE GOVERNMENT OF THE VIRGIN ISLANDS REQUESTS THAT YOU FURNISH TRANSPORTATION TO THE FOLLOWING PERSON(S):		Dept. of Finance Only	
Jane Doe 2		VOUCHER NO.	
		DATE	

AT THE LOWEST COST OF 0		CLASS, BY AIR	
FROM St. Thomas, Virgin Islands 3		TO New Orleans, LA	
VIA American Airlines		Travel Authorized for Official Business by Albert Bryan Jr, Governor of the US Virgin Islands	
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 6 DISCOUNT TRAVEL INC. </div>		Purpose of 4 To attend the 2021 National School Safety Conference	
		Travel	
		Period of Travel July 25, 2021 to July 31, 2021	
		Per Diem Allowed \$ 75.00 per day	
		Total Per Diem \$ 450.00	
		Lodging \$ 1,056.83	
		Conference Fees 5 \$ 600.00	
		Transportation \$ 100.00	
		Airfare \$ 1,500.00	
		Estimated Cost of Travel \$ 3,706.83 per person	
		Place of Issue ST.THOMAS	
		CARRIERS CODE NO.	

FOR USE BY CARRIER ONLY			
TICKET FORM	TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE

TICKET AGENT'S STAMP		AMT. BILLED \$ -	
		INVOICE NO.	
		INVOICE DATE	
		SIGNATURE	

(CARRIER)		GENERAL INSTRUCTIONS		(TRAVELLER)			
1. Transportation for a number of persons should be furnished at the lowest available fare for said number. 2. Money must not be exchanged for Transportation Request. 3. Request showing errors or alterations should not be honored. 4. Carriers must furnish transportation of the class of character and between the points specified in the request, unless circumstances beyond the traveler's control require that a change be made, in which case the traveler will indicate such change, and sign the form in space provided. 5. Transportation exceeding that authorized by this request which has been furnished the traveler for his convenience shall be paid by the traveler, and the Government shall not be billed for same. 6. Use this for billing the Government. Fill in as applicable with Ink. Retain copy and forward a copy to Government.		1. When circumstances require transportation and/or accommodations differing from that specified on this request, record below the actual services furnished, the reason for the differences, and sign the statement.		<div style="border: 1px solid black; padding: 5px;"> 9 </div>			
						SIGNATURE(S)	
						DATE	

(CARRIER)		GENERAL INSTRUCTIONS		(TRAVELLER)			
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						SIGNATURE(S)	
						DATE	

Cash Advance

1. Date of request
2. Conference Name
3. Dates of travel
4. Name, Title, and Signature (not cursive font)
5. Traveler's Name, E-mail and Address (NOT VIDE or School address)
6. Vendor Number (Local and Federal (if applicable))
7. Break down of fees
8. Funding source (Org, Obj., and Project)

School of the Good Shepherd
P.O. Box 4455
Frederiksted, VI 00840
340-772-1299

Date of Request: **1** October 17, 2022

While attending **2** The Brustein & Manasevit Fall Forum 2022
Scheduled for a Departure Date: **3** November 28, 2022 Scheduled Return Date: December 04, 2022

I agree to account for all expenditures by submitting my travel voucher to the Business Office within five (5) days of my scheduled return date.

Name: **4** Jane Doe Signature _____
Position/Title: Principal

Traveler's Contact Info:

Name:	Jane Doe
Address:	P.O. Box 5026
	Christiansted, VI 00820
Contact #	340-626-9999
Email Address:	jane.doe@sogs.com
Vendor #	L:54321 F:1234 6

5

Calculation of Expenses:

Category	Cost per Day	No. Of Days	Sub-Total Cost for Duration of Trip	Total Cost for Duration of Trip
All Categories			\$3,314.19	\$3,314.19
Hotel 7	\$223.73	5	\$1,118.65	\$1,118.65
Taxes and fees	\$65.108	5	\$325.54	325.54
Meals	\$75.00	6	\$450.00	\$450.00
Ground Transportation	\$100.00	1	\$100.00	\$100.00
Registration	\$1,320.00	1	\$1,320.00	\$1,320.00

Chargeable to account:

8

Org Code	Object Code	Project Code	Prog
02401234	560000	H1242	

APPROVED/DISAPPROVED

Commissioner of Education

DATE

Supporting Documents



Travel and Expense Reimbursement (PDF NO J-PEGS OR WORD)

- Paid conference or meeting registration fees.
- Paid hotel folio/receipt that shows a zero balance.
- Boarding passes/stubs to and from the destination.
- Meal receipts; not to exceed \$75.00 per night. No receipts for return date
- Transportation receipts; not to exceed \$100 for the entire trip.
- Signed travel voucher.
- Deviation memo if applicable

Travel Voucher

1. DO NOT USE
2. Traveler's Name and Address
3. GTR number assigned to specific traveler and trip
4. Period of actual travel not approved travel
5. Vendor number (federal)
6. Provide the name of the division/School such as 'St. Joseph HS or Leap and Learn Academy and the fund such as 'Consolidated 2021 Grant'
7. Provide the funding source (Organization, Object, and Project code)
8. The dates of travel
9. Description of fees such as hotel, baggage, meals, etc, etc.
10. Amount paid by the traveler; not the amount budgeted.
11. Normally any expenses such as baggage fees.
12. Enter \$0.00 in the amount of the cash advance section.
13. Sign (no cursive fonts) and date the voucher.

(FISCAL USE ONLY)

Voucher No. 1
Date

DEPT./AGENCY

LOCATION

TRAVELER'S NAME 2 JANE DOE
P.O. Box 8685
AND ADDRESS 2 St. Thomas, VI 00801

DEPT./AGENCY VOUCHER NO. 3 T-F112-22
TRAVEL REQUEST NO. 3
ENCUMBRANCE NO. 3

PERIOD OF TRAVEL 4

DATE 4

VENDOR NO. 5

OFFICIAL DUTY STATION 5 St. Thomas, VI

DATE 4 FROM 4 3/14/2022
TO 4 3/19/2022

FUND DIVISION		ACCOUNT CODE					
		ORG	OBJECT	PROJ	OPT	CC	
ACCT. TITLE		00409024	560000	G9541	7		
Date	TRAVEL DESCRIPTION <small>(Include places visited and all information, including time & date of departure and arrival required by regulation.)</small>	Per Diem 222	Per Diem 224	Other Expenses 226	Other Expenses 227	Other Expenses	Other Expenses
3/14/2022	Depart: St. Thomas, VI						
	Arrive: Washington, DC						
3/19/2022	Depart: Washington, DC						
	Arrive: St. Thomas, VI						
3/14-3/19	Hotel		\$1,251.05				
3/14-3/19	Per Diem		\$375.00				
3/14-3/19	Taxi		\$96.53				
3/14-3/19	Registration		\$1,800.00				
3/14-3/19	Baggage			\$60.00			
3/14-3/19	Tips-Red Cap, Maid, Bellman			\$30.00			
Totals		\$0.00	\$3,522.58	\$90.00	\$0.00	\$0.00	\$3,612.58
If travel advance was in excess of expenses, indicate remittance information as follows:					TRAVEL ADVANCE (per check) 12 \$3,526.04 T.C. 12 73 Objct. 12 905		
Statement No. 12 Date 12 Amt. 12					AMOUNT DUE TRAVELER 12 \$06.54		

FOR USE BY FINANCE DEPARTMENT ONLY

T.C.	OBJECT	AMOUNT
69		

Check No. 13

Check Date 13

I hereby certify that travel for which expenses are hereby claimed was performed by me.

JANE DOE 13

3/29/2022

Traveler's Signature

Date

VERIFIED FOR PAYMENT

APPROVED FOR PAYMENT

Signature 13

Date 13

Allowed



- Notarized missing boarding pass letter for more than one missing boarding pass
- Up to 15% tips on transportation not to exceed \$100 for the entire trip.
- **Specify location of Uber or taxis (eg. From hotel to breakfast, dinner to hotel etc.)**
- Reimbursement for the 1st bag traveling to and from the destination
- Anything contrary to what is outlined in the CGB or was originally approved, will not be reimbursed.
- Agendas/Deliverables (for out-of-territory travel)

Not-Allowed, Not-Required (T&E)



- More than 15% tips for meals and transportation even if it is over by 1 cent
- Upgrade fees-Uber/Lyft
- Wait time-Uber/Lyft
- Illegible receipts
- Receipts without dates
- Boarding passes without name, dates, or travel flight information.

Questions?



Travel Unit

- Bernalyn Tomeau, Program Manager (ext. 8092)
- Lavern Francis, Program Assistant (ext. 8015)
- Nikkia King, Administrative Assistant (ext. 8122)