



**TRAVEL MANAGEMENT COMPLIANCE CERTIFICATION**

**Employees Name:**

**SSN:**

**Trip Date:**

**Destination:**

**AIRFARE**

- State Contracted fares used
- No airfare reimbursement requested for this trip
- Exemption utilized: (check one)
  - City pan 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 die purpose of this 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

**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 proximity to where the traveler will be conducting 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 a it was sold-out or did not offer services in city visited
  - Alternative rental car arrangements were made that offered a low 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 consideration – 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 of service.

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

Date

Employee Signature (not delegated)