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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Provider Travel Plan and Report**  |
| **General Instructions**  |
| Use this form for the Highly Specialized Training Premium.  If you travel using own car, mileage reimbursement is authorized and paid using the Mileage Premium.  This form must be completed and reviewed by both the VR Counselor and VR Management and approved by the VR Manager prior to any travel.  After the form is approved, the same form will be used to submit travel expenses after travel.   You will have to submit receipts to be reimbursed.  A service authorization will be issued based on the approved travel expenses prior to any travel.  When you see multiple customers during the travel, you must indicate each customer seen and the length of service/evaluation time for each customer.  Collect required signatures.    |
| **Contractor’s Entity Name and Staff Name**  |
| **Contractor’s name:**      | **Contractor’s staff person name:**      |
| **Contractor’s Physical Location in Contract**  |
| **Street:**       | **City/Town:**       | **ZIP:**       |
| **Purpose of Proposed Travel Request**  |
| **Purpose of the Travel Request is to provide (select all that apply):** |
| [ ]  Employment Assessments, Highly Specialized Standardized Evaluations - CVES |
| **[ ]** Assistive Technology | **[ ]** Diabetes Service |
| **[ ]** Independent Living Services for OIB | **[ ]** Orientation and Mobility |
| **Customer Information for Proposed Service**  |
| **Highly specialized services or assessments provided to [ ]** one individual [ ]  more than one individual |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:**      | **VRC Reviewed Initials:**      |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:**      | **VRC Reviewed Initials:**      |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:** | **VRC Reviewed Initials:** |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:** | **VRC Reviewed Initials:** |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:** | **VRC Reviewed Initials:** |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:** | **VRC Reviewed Initials:** |
| **Customer’s name:**      | **VRS case ID:**      | **Service or Assessment:** | **VRC Reviewed Initials:** |
| **Travel Request and Approval** |
| Instructions: Complete this section when requesting the Highly Specialized Premium.  Indicate which expenses you are requesting by selecting the appropriate items below including the anticipated dates of travel.  Refer to VR Standards for Providers 20.6 for requirements for this premium.  |
| Starting location for proposed travel:       | Proposed travel destination:       |
| Anticipated dates of travel:  | Start date and time (AM or PM):       | Return date and time (AM or PM):       |
| **Transportation** |
| **[ ]  Yes requesting Ground Transportation** | **[ ]  No, not requesting Ground Transportation** |
| **Ground Transportation: (Please select appropriate type of transportation and provide estimated expense)** |
| **[ ]** Rental Car Agency:       | Size Required:       | Pick-up Time & Location:       |
| Number of Days:      | Rate:      | Total:      | VR Manager’s Approval:[ ]  Yes [ ]  No | Date:      |
| [ ]  Taxi service | No. of trips:       | No. of days:       | Total:       | VR Manager’s Approval:[ ]  Yes [ ]  No | Date:      |
| [ ]  Bus  | No. of trips:       | No. of days:       | Total:       | VR Manager’s Approval:[ ]  Yes [ ]  No | Date:      |
| [ ]  Other Mass Transit  | No. of trips:       | No. of days:       | Total:       | VR Manager’s Approval:[ ]  Yes [ ]  No | Date:      |
| [ ]  Network driver | No. of trips:       | No. of days:       | Total:       | VR Manager’s Approval:[ ]  Yes [ ]  No | Date:      |
| **[ ]  Yes requesting Air Transportation** | **[ ]  No, not requesting Air Transportation** |
| **Air Transportation: (Please provide estimated expense)** |
| Outbound Airport       | To Airport       |
| Carrier       | Date:       | Time:       | **[ ]** AM | **[ ]** PM |
| Outbound Airport       | To Airport       |
| Carrier       | Date:       | Time:       | **[ ]** AM | **[ ]** PM |
| Airfare:       | VR Manager’s Approval:[ ]  Yes [ ]  No | Date:      |
| **Lodging** |
| **[ ]  Yes requesting Lodging expenses** | **[ ]  No, not requesting Lodging expenses** |
| Hotel Name:       | Address:       |
| Arrival date:       | Departure date:       | Government/state rate per night:       |
| Number of nights:      | Nightly rate:      | Total:      | VR Manager’s Initials for Approval:      | Date:      |
| **Meals** |
| **[ ]  Yes requesting Meals expenses** | **[ ]  No, not requesting Meals expenses** |
| GSA’s Federal [Domestic Maximum Per Diem Rate](http://www.gsa.gov/perdiem):       |
| Number of days:      | Daily rate:      | Total:      | VR Manager’s Initials for Approval:      | Date:      |
| **Total Estimated Expenses:** |
| Ground Transportation total: |       |
| Air Transportation total: |       |
| Lodging total: |       |
| Meals total: |       |
| **Total Estimated Expenses:** |  |
| VRC agrees with proposed travel expenses:       | Date:       |
| Comments (if any):       |
| **VR Manager’s Approval Signature:**  | Date:       |
| **Travel Facts After Services Provided and Travel Complete** |
| Starting location for actual travel:       | Actual travel destination:       |
| Actual dates of travel:  | Start date and time (AM or PM):       | Return date and time (AM or PM):       |
| **Travel provided to** **[ ]** one individual [ ]  more than one individual |
| **Record the following information for each customer served in the travel trip** |
| **Date of Trip** | **Customer’s Case ID** | **Address of the residence(s) or the primary community location(s) associated with the service or assessment** | **Length of****Training/Visit** | **Purpose Training/Visit** |
|  |  |  | **Start Time** | **End Time** |  |
|       | 1.       | **City/Town:**       | **ZIP:**       |       |       |       |
|       | 2.       | **City/Town:**       | **ZIP:**       |       |       |       |
|       | 3.       | **City/Town:**       | **ZIP:**       |       |       |       |
|       | 4.       | **City/Town:**       | **ZIP:**       |       |       |       |
|       | 5.       | **City/Town:**       | **ZIP:**       |       |       |       |
|       | 6.       | **City/Town:**       | **ZIP:**       |       |       |       |
|       | 7.       | **City/Town:**       | **ZIP:**       |       |       |       |
| Comments, if any:       |
| **Customer Information for Case being Invoiced** |
| **Highly specialized services or assessments provided to [ ]** one individual [ ]  more than one individual |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Customer’s name:**       | **VRS case ID:**       | **Service Authorization (SA) number:**       |
| **Actual Travel Expenses** |
| Actual dates of travel:  | Start date and time (AM or PM):       | Return date and time (AM or PM):       |
| Ground Transportation total: |       |
| Air Transportation total: |       |
| Lodging total: |       |
| Meals total: |       |
| **Total Actual Expenses:** |  |
| **VR Manager’s Signature for Approval**:   | Date:       |
| List any expenses which were not approved:       |
| Comments, if any:       |
| **Required Signatures** |
| I, certify that: * the above dates, times, and services are accurate;
* I traveled to the locations listed above on the form;
* I provided the required number hours of service to each customer included in the Travel Report;
* I used MapQuest lowest mileage option to calculate & confirm travel distance meets the required distance criteria for premium;
* I handwrote my signature and the date below;  and
* I documented the travel information and expenses as described in the VR Standards for Providers (VR-SFP)
 |
| **Print or type name of person traveling to provide the service(s):**      | **Signature:**   | **Date form signed:**       |
| **VRS Use Only—VRS Approval of the Report**    |
| Verified the report was reviewed by the VRC and agreed with the proposed travel   | [ ]  Yes [ ]  No |
| Verified the report is accurately completed per form instructions, in the Standards for Providers, and/or the SA   | [ ]  Yes [ ]  No |
| Verified the appropriate service(s) fee was associated with the travel   | [ ]  Yes [ ]  No |
| Verified the form indicates all customer’s Case Ids and includes the City/Town and ZIP of the residence(s) or the primary community location(s) associated with the training/visit     | [ ]  Yes [ ]  No |
| Verified the report includes all VR Manager approval initials prior to issuing SA(s)   | [ ]  Yes [ ]  No |
| Departure city/town and City/Town traveled to recorded   | [ ]  Yes [ ]  No |
| Verified the correct amount invoiced based on receipts attached to the report   | [ ]  Yes [ ]  No |
| If any question above is answered “No,” complete the following:   * Send a copy of the submitted invoice and the report to the provider with written notification that service delivery or report did not meet the requirements as described in the 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:**       |