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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Texas Workforce Solutions logo | | | | | | | | | | | | | | | | | | **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](https://twc.texas.gov/standards-manual/vr-sfp-chapter-20#s20-10) 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 required 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) Mileage Reimbursement 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 | | | | | | | |  |
|  |  | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | 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 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**](http://www.gsa.gov/perdiem) **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** | | | | |  | | | |
| **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:   * 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:** | | | | | | | | | | | | | | |