



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Private Agency Travel Guide for Child Welfare Training Institute Trainings *for* **Office of Workforce Development and Training** **Office of Race Equity, Diversity, and Inclusion** **July 2023**

This guide provides travel reimbursement information for these two offices: (1) Office of Workforce Development and Training (OWDT) and (2) the Office of Race Equity, Diversity, and Inclusion (REDI). This information applies to foster care and adoption training but does not apply to family preservation or the Division of Child Welfare Licensing. Please visit [Child Welfare Training \(michigan.gov\)](https://www.michigan.gov/childwelfare) for access to the Michigan Standardized Travel Regulations.

TRAININGS APPROVED FOR TRAVEL REIMBURSEMENT

- Pre-Service Institute (PSI)
- Program Specific Transfer Training (PSTT)
- New Supervisor Institute (NSI)
- GROW
- Child Welfare Certificate PSI

In-service or agency-administered trainings are **not** approved for travel reimbursement.

TRAVEL

OWDT or REDI will reimburse mileage at the private agency's rate or the current State of Michigan premium rate, whichever is less. All travel must be by the most direct route to and from the official workstation to training location unless traveling from the trainee's home will result in less mileage. Reimbursement will not be allowed for travel between a trainee's home and official workstation. Arrival and departure times must be documented. Reasonable vicinity miles may be claimed for travel from a hotel to the training location to a restaurant and back.

LODGING

For trainees who must travel over 50 miles (one way per map mileage), OWDT or REDI will reimburse overnight lodging using the current State of Michigan room rate or the agency's room rate – whichever is lower. Contact MDHHS-OWDTNewWorkerTraining@michigan.gov for overnight hotel room approval before travel begins.

EXCEPTION REQUEST FOR WEEKEND OVERNIGHT LODGING

Reimbursement for lodging is approved when arriving on Sunday for training scheduled for Monday and extends through Thursday, departing on Friday after the training. Overnight lodging for Friday and Saturday nights requires **pre-approval** from the OWDT Director.

If a trainee will be lodging for an extended period of time for multiple day trainings and the trainee's travel is more than 500 miles round trip, an exception request must be submitted to OWDT by email. To request an exception, the private agency must submit a cost benefit analysis no later than two weeks before the training date that explains how allowing the trainee to stay overnight on a weekend will save the state money. Submit the cost benefit analysis by email to MDHHS-OWDTtrainingvouchers@michigan.gov. In the "Subject" line type "PA Travel Exception Request".

If an exception request is approved, the approval notification must be attached with the MDHHS-5628 Travel Voucher For Non-State Employee form, certification letter, and receipts.

MEALS

Effective July 1, 2012 meals will not be reimbursed, as they are included in the per diem payments made for completion of training. All questions related to per diem payments should be directed to: MDHHS-federalcompliance@michigan.gov.

RECEIPTS

Legible copies of original receipts are required for all qualifying expenses related to travel. No receipt is required for Mackinac Bridge tolls.

Hotel receipts must be clear copies of the original itemized receipts, whether booked through the hotel or booked with an online agency such as Expedia.com, Priceline.com or Hotels.com. Online receipts must give the same information that receipts paid to hotels in person contain: actual check-in date and time, actual check-out date and time, room rate, all taxes associated with the room and final cost. We must have itemized receipts to ensure the State of Michigan is only paying for the room and not for additional costs that are not normally reimbursed (i.e., room service, phone and movies). When booking online ensure an itemized receipt is available for printing.* Verbal or written hotel costs that are not accompanied by an itemized receipt will not be honored.

** It is advisable to print out all transactions before closing the website.*

REIMBURSEMENT PACKAGE REQUIREMENTS

- Signed certification letter on agency letterhead
 - Include State of Michigan SIGMA number or Federal ID number
- MDHHS-5628 Travel Voucher For Non-State Employee, Rev. 5-21 *or later*
 - For the form go to: [Travel Information \(michigan.gov\)](http://Travel Information (michigan.gov)). Select: [MDHHS-5628, Travel Voucher For Non-State Employee](#)
- MapQuest printout(s)
- Hotel receipts
- Parking receipts
- Exception request approval for weekend stays if applicable

Certification Letter sample language and information needed:

DATE			
MAILING ADDRESS OF RECIPIENT			
Our agency is requesting reimbursement for payment(s) made to the agency employee(s) listed below for travel expenses while attending MDHHS OWDT or REDI training.			
Trainee Name(s)	Dates of Travel	Name of Class	Amount Paid
<u>Exact student name as registered in LMS</u>	01-02-15 to 02-01-15	Actual class name registered in LMS	\$ <i>actual</i>
Total: Provide total for all expenses – must match the total on the Payment Voucher.			
SIGMA Number -or- Federal ID Number:			
I certify that the above employee(s) have been paid the amounts stated above and in accordance to the state of Michigan Standardized Travel Regulations for reimbursement for travel expenses while attending MDHS/CWTI training on the above dates.			
<u>Agency Certifying Signature in black or blue ink</u>		_____	
Print Name below Signature, Title		Date	

TRAVEL VOUCHER FOR NON-STATE EMPLOYEE
Michigan Department of Health and Human Services

DOCUMENT INFORMATION (For MDHHS Accounting Use Only)

Code	Unit	ID	Pre-Audit By	Entered By	Approved By
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DOCUMENT INFORMATION

Case Name

HEADER INFORMATION

Document Description
①

Extended Description (if applicable)
② "Page 1 of (Total MDHHS-5628 pages)"

VENDOR INFORMATION ③

Vendor/Customer/Grantee Number	Vendor/Customer/Grantee Legal Name	Address Code
Vendor/Customer/Grantee Address Line 1	Vendor/Customer/Grantee Address Line 2	
City	State	Zip Code
Single Payment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Relative Family		

ACCOUNTING INFORMATION

Invoice Number ④				For MDHHS Accounting Services Only	
BFY	Accounting Template	Line Amount	Unit	DOBJ	Total
1		0.00			\$0.00
2		0.00			\$0.00
3		0.00			\$0.00
4		0.00			\$0.00
					\$0.00

TRAVEL INFORMATION ⑤

Date	Destinations	Start Date of Travel		Number of Miles	Mileage Rate	Mileage Account	Lodging	End Date of Travel			Daily Total
		Depart Time	Return Time					Non-Taxable	Taxable	Other	
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00
Column Total				0.0	0.000	0.00	0.00	0.00	0.00	0.00	0.00

PROGRAM INFORMATION

Check all that apply

<input type="checkbox"/> ES	<input type="checkbox"/> MYOI-Chaffee	<input type="checkbox"/> SFSC Fam Supp	<input type="checkbox"/> CCF	<input type="checkbox"/> MA Trans
<input type="checkbox"/> FR	<input type="checkbox"/> MYOI JCYOI	<input type="checkbox"/> SFSC Plac Prev	<input type="checkbox"/> SWF	<input type="checkbox"/> Donated Funds
<input type="checkbox"/> YIT	<input type="checkbox"/> SFSC Adopt	<input type="checkbox"/> SFSC Reun	<input type="checkbox"/> DSS (bulk only)	<input type="checkbox"/> Volunteer Services
<input type="checkbox"/> SWBC	<input type="checkbox"/> Other		<input type="checkbox"/> IV-E	

Print Name of Preparer ⑥	Signature of Preparer	Date
Print Authorized/Approval Name of MDHHS Employee	Signature of Authorized/Approval Name of MDHHS Employee	Date
Print Authorized/Approval Name of MDHHS Employee	Signature of Authorized/Approval Name of MDHHS Employee	Date

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Instructions:

HEADER INFORMATION

Document Description ①

Enter: Travel reimbursement for attending [Class Name] training

Extended Description (if applicable) ②

Enter: Student Name as registered in LMS / Class Name as registered in LMS / Beginning Travel Period to Ending travel period for this claim / [Requested Amount] / Page 1 of # when there are more than 1 page of claims.

VENDOR INFORMATION ③

Complete this section. The “Vendor/Customer/Grantee Number” is the agency’s State of Michigan SIGMA number or Federal I.D. number. The “Vendor Code” is the number that corresponds to the address where payment is to be sent. Refer to the VCUST table in SIGMA. You must enter the actual number where payment is to be remitted. It must correspond to the address entered on Vendor/Customer/Grantee Address Line 1.

ACCOUNTING INFORMATION

Invoice Number ④

Enter: Agency’s invoice number.

TRAVEL INFORMATION ⑤

Complete all applicable columns. If you need more lines to complete travel dates, use a second MDHHS form Rev. 5-21 and enter the page number where indicated in the preceding section for Extended Description (Page 1 of 4; Page 2 of 4; Page 3 of 4; Page 4 of 4). See "HEADER INFORMATION" above.

- Attach MapQuest printout(s), include street address, city, state. Write on a single map all the travel dates that route refers to.

PROGRAM INFORMATION

Complete: ⑥

Print Name of Preparer [Redacted]	Signature of Preparer [Redacted]	Date [Redacted]
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ASSEMBLING THE CLAIM PACKAGE

Submit the travel reimbursement claim as one PDF document in this order:

- **Certification Letter.** A certification letter **on agency letterhead** is required from the agency certifying that all travel receipts and totals from the Travel Voucher have been audited and are accurate. Include the agency’s State of Michigan SIGMA number or Federal I.D. number.

SUBMITTING FORMS

The following items must be included in the travel reimbursement request packet:

- Signed certification letter on agency letterhead
- MDHHS-5628 Travel Voucher for Non-State Employee for each trainee
- MapQuest printout(s)
- All original receipts

When multiple trainees attend the **same** training, each trainee must complete a MDHHS-5628 Travel Voucher For Non-State Employee, attach receipts, and submit to his or her agency account representative for auditing. The agency must attach all forms and documentation together to the MDHHS-5628 Travel Voucher For Non-State Employee with the cumulative total in the HEADER INFORMATION section (Circle 2). It is important to assure that all vouchers are completed accurately. Improper or incomplete vouchers may be returned and require resubmission, delaying payment.

E-Mail travel reimbursement packages with required forms and documents to:

MDHHS-OWDTtrainingvouchers@michigan.gov.

FISCAL YEAR END

The state fiscal year starts October 1 of the current year and ends September 30 of the following year. For example, fiscal year 2023 starts October 1, 2022 and ends September 30, 2023. When submitting travel reimbursement vouchers for travel that started before fiscal year end and overlaps the start of a new fiscal year (September 30, 2022 and October 1, 2022), then the MDHHS 5628 voucher(s) will need to reflect the separate years. To do this, submit one voucher reflecting the travel reimbursement request ending September 30, 2022 and send a second voucher reflecting the travel reimbursement request beginning October 1, 2022.