

**Choctaw Professional Resources Enterprise
Local Vicinity Travel Report**

Name: _____

Contract Number: _____

Travel Month/ Year: _____

Home Location: _____

DATE	COMBINED HOME VISIT OR LVT MILEAGE	OTHER TRAVEL MILEAGE & OR INCIDENTALS	NUMBER OF HOME VISITS	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTALS				

LVT Travel Form 3 with two attachments, Revised March 31, 2009

Employee Signature/Date

Authenticating Official Signature /Date

Program Manager Signature/Date

Travel Manager Signature/ Date

CHARGEABLE TO CPRE: _____

BILLABLE TO GOVERNMENT: _____

Approved for Payment Amount: _____

LVT Travel Form 3 and 3(a) Completion Instructions

1. **The completion of these forms is mandatory** to receive reimbursement for Local Vicinity Travel, including Home Visits.
2. Employee is responsible for entering their Name, Contract Number, Travel Month and Year, and Home Location on the form.
3. Enter combined mileage in miles not kilometers as one figure for all home visits conducted on a particular calendar day that applies, in the ***Combined Home Visit Or LVT Mileage Block***.
4. Enter any mileage claimed other than Home Visits and any incidental expenses that are reimbursable, such as parking in the ***Other Travel Mileage & Or Incidentals Block***. An example of what would be entered in this block would be attendance at a FMCMT Meeting or Commanders Call.
5. Enter the total number of Home Visits conducted on each day. ***Each home visit counts as one, and in order to be claimable the visit must be to the client's home and must also be six miles or more roundtrip. Should a visit be required to other than a clients home, or the mileage involved is less than six miles roundtrip, the mileage must be entered in the block titled other travel mileage and or incidentals block.***
6. **New Requirement Effective 1 July 2003: The Physical Address of where each Home Visit was conducted is now required.** If there is more than one home visit conducted on the same day, the employee will be required to use Travel Form 3(a) to enter the address of each home visit they conducted. **Please enter the date of the visit and the address of each home visit conducted.** An example form is attached for the employees use in filling out each form correctly.
7. **New Requirement Effective 1 July 2003:** These forms are required to be accomplished on a monthly basis and must be received by the CPRE Travel Department in San Antonio Texas by the 5th calendar day following the month in which travel is claimed. All forms received after the 5th of the month will require the respective Program Manager's approval to be processed. To expedite processing of the report, ***the forms may be sent by fax to (210) 384-0635. Due to the requirement to have the form submitted by the 5th calendar day, mailing of the form is no longer acceptable.*** The employee claiming the reimbursement must sign and date the form on the appropriate line. **The employee must obtain the signature of their Family Advocacy Officer (FAO), prior to faxing the form to the San Antonio Travel Office.** The FAO will sign and date the Authenticating Official line of Travel Form 3. **It is only necessary to send the form to the employees Program Manager if the FAO is unavailable to sign the form.** In this case the employee will fax the form/forms to their Program Manager who will sign and date the form and fax it to the Travel Department in San Antonio. It is extremely important that the forms be readable, as unreadable copies of the form will not be accepted.

Please remember that the goal of this new procedure is to expedite payment to the employee and to comply with all contracts requirements for on-time billing. With each and every employees help this new process will be a success.