**TRAVEL/CONFERENCE POLICY**

**Statement of Purpose**

Library employees are encouraged to further their professional education and training by attending library-related meetings, workshops, webinars, and conferences. The purpose of the Travel/Conference Policy is to ensure transparency, accountability, and clarity in granting time for conferences, as well as for covering costs associated with those conferences. For the purpose of this policy “conference” shall be used to identify a conference, workshop, webinar, or other continuing education or professional development opportunity.

**Intent to Attend**

The attached *Intent to Attend* form should be submitted to your department head or the director 90 days prior to the start of the conference. If this timeline is not possible, the form must be submitted as soon as possible and will be considered accordingly. Your supervisor will approve or deny this request in writing on the bottom portion of the form within 7 days of the request taking into consideration the annual budget, work schedule needs, learning outcomes of the conference, and equitable distribution among the staff.

**Reimbursement of Applicable Expenses**

Upon completion of the conference and submission of the required documentation, employees will be reimbursed for pre-authorized expenses, which may include:

* **Registration & Conference Fees** - If a discounted rate is available, staff must purchase their conference fees at that rate. One special event, meeting, or meal that is part of the conference may be purchased with registration. However, the cost of that meal will be subtracted from the daily allotment for meals and incidentals.
* **Hotel Expenses** - If a discounted rate is available for conference attendees, staff must book their hotel room at that rate. The Village of Endicott’s tax-exempt status must be used.
* **Travel Expenses** - Staff is reimbursed at the current Standard Mileage Rates for Business from the IRS for travel to and from conferences. These rates can be found at <https://www.irs.gov/tax-professionals/standard-mileage-rates>. For mileage reimbursement, your starting destination should be the library or your home, whichever is closest to your travel destination. In selecting the travel route to your destination, choose the route that is the least amount of miles to your destination. Instructions for determining the total reimbursement amount are located on the *Conference Report* form.
* **Food** - Meals eaten during the travel period can be reimbursed at the standard per diem rate found at [www.gsa.gov/perdiem](https://www.gsa.gov/node/86696). To find the amount available, visit the above website and enter the location of the conference. Click “Meals & Incidentals (M&IE) Rates” and utilize the rates listed in the table. The allowable food allotment per day is the amount in the “M&IE Total” column; it is up to the attendee to decide how it can be divided between meals. This amount can be used toward tips; it cannot be used for alcoholic beverages.

*Please note*: Employees must attend at least 85% of the educational program sessions available during their time at a conference. This does not include time spent at trade shows, author signings, etc. while educational sessions are available.

**Paid Time**

Employees will receive their regular daily compensation while attending conferences, workshops, webinars, or other continuing education or professional development opportunities.

* **Single Day Attendance** - Employees will be required to work the remainder of their daily scheduled work hours if the training doesn’t meet or exceed their regular daily scheduled work hours. Travel to and from the training will count towards an employee meeting their daily hours requirement.
* **Multi-day Attendance** - If an employee is attending a multi-day conference, they will receive their regular daily scheduled compensation for the days at the conference. An employee cannot exceed daily compensation while attending conferences.

**Conference Report**

Within 14 days of completion of the conference, the attached *Conference Report* form must be submitted to your department head or the director. This should include your conference summary as well all supporting documentation as indicated on the form. These items should be submitted as one pdf file to be shared electronically with the Library’s Board of Trustees.

Adopted: 10/20/23

**Intent to Attend**

Employee Name:

Conference Name:

Conference Date & Time:

Conference & Registration Fees:

Expected Hotel Expenses:

Expected Travel Expenses:

Expected Food Per Diem Amount:

Total Expected Cost:

What do you hope to learn or gain at this conference? *(Please limit your response to one paragraph.)*

Conference Attendance \_\_\_\_\_\_ Approved

 \_\_\_\_\_\_ Denied

Department Head or Director Signature:

Additional Notes:

**Conference Report**

Please submit this form and all necessary attachments digitally as one pdf file to your department head or the library director within 14 days of completion of the conference.

Employee Name:

Conference Name:

Conference Date & Time:

**Conference & Registration Fees**

Total amount paid for conference and registration fees:

Are you requesting reimbursement for this amount?

*Please add this amount to the Total Costs table AND attach a receipt for this expense.*

**Hotel Expenses**

Total amount paid for hotel expenses:

Are you requesting reimbursement for this amount?

*Please add this amount to the Total Costs table AND attach a receipt for this expense.*

**Travel Expenses**

If you are requesting reimbursement for travel expenses, please complete the following.

1. Visit Google Maps and calculate the total miles either from your home or the library to the conference, using the instructions on page 1 of the policy. *Include one page of the map in this packet showing the mileage as a receipt for this expense.*
Number of miles traveled one way:
2. Visit <https://www.irs.gov/tax-professionals/standard-mileage-rates> and note the current Standard Mileage Rate for Business.
Mileage rate:
3. Multiply your answers for 1 & 2 together and divide by 100:
4. Double this number to determine your round trip reimbursement amount:
*Please add this amount to the Total Costs table.*

**Food Per Diem Amount**

If you are requesting reimbursement for meal expenses, please complete the following. Add a row in the table below for each day. (A sample table is available at the end of this document.)

* Visit [www.gsa.gov/perdiem](https://www.gsa.gov/node/86696) and enter the location of the conference. *Include a copy of this table as an attachment to this form*.
* Enter the allowable amounts from this website in the last column of the table below.
* For each day of the conference, enter the reimbursement amount requested in the Breakfast, Lunch, Dinner, and Incidental Expenses columns. This should automatically total in the M&IE Total column. This amount may not be greater than the allowable daily amount.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Breakfast** | **Lunch** | **Dinner** | **Incidental Expenses** | **M&IE****Total** | **Allowable****M&IE** |
|  |  |  |  |  | $ 0.00 |  |
| **Total** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

*Please note*: Any special event meals that were paid with conference registration must be included in this table and the meal total for that day. Alcoholic beverages may not be reimbursed. Tips may only be included in incidental expenses.

*Please add the final amount to the Total Costs table and include receipts for all requested reimbursement meal amounts as an attachment to this form.*

**Total Costs**

Please indicate the total amount requested to you in each area. Add rows for each day as necessary. The amounts should total in the “Total Amount” column. Then indicate the amounts which you are requesting reimbursement for in the final column. Please also indicate that amount below the table. (A sample table is available at the end of this document.)

| **Date** | **Conference Registration** | **Hotel** | **Mileage** | **M&IE****Total** | **Total Amount** | **Reimbursement Requested** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | $ 0.00 |  |
| **Total** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

*Please explain any overages past allotted amounts.*

**Total Reimbursement Requested: $**

**Conference Summary**

Please complete the following for each session/workshop that you attended. Please write 2-3 sentences each for the summary and question. Use additional pages as needed.

**Name of session:**

Summary of session:

What did you learn at this session? Was this information useful to you, and if not, why?

**Name of session:**

Summary of session:

What did you learn at this session? Was this information useful to you, and if not, why?

**Name of session:**

Summary of session:

What did you learn at this session? Was this information useful to you, and if not, why?

**Food Per Diem Sample Table**

Rates based on Federal FY October 2023 - September 2024, Saratoga Springs, NYLA

Allowable Daily M&IE: $64 1st & Last Day of Travel: $48

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Breakfast** | **Lunch** | **Dinner** | **Incidental Expenses** | **M&IE****Total** | **Allowable****M&IE** |
| 11/1/23 | $0 | $15 | $28 | $5 | $ 48.00 | $48 |
| 11/2/23 | $14 | $16 | $29 | $5 | $ 64.00 | $64 |
| 11/3/23 | $6 | **$45** | $13 | $0 | $ 64.00 | $64 |
| 11/4/23 | $6 | $0 | $37 | $5 | $ 48.00 | $48 |
| **Total** | $ 26.00 | $ 76.00 | $ 107.00 | $ 15.00 | $ 224.00 | $ 224.00 |

\*The bold amount on 11/3 represents the cost of the NYLA luncheon.

**Total Costs Sample Table**

| **Date** | **Conference Registration** | **Hotel** | **Mileage** | **M&IETotal** | **Total Amount** | **Reimbursement Requested** |
| --- | --- | --- | --- | --- | --- | --- |
| 11/1/23 | $290 | $172.78 | $108.08 | $ 48.00 | $ 618.86 | $328.86 |
| 11/2/23 | $0 | $172.78 | $0 | $ 64.00 | $ 236.78 | $236.78 |
| 11/3/23 | $0 | $172.78 | $0 | $ 64.00 | $ 236.78 | $191.78 |
| 11/4/23 | $0 | $172.78 | $0 | $ 48.00 | $ 220.78 | $220.78 |
| **Total** | $ 290.00 | $ 691.12 | $ 108.08 | $ 224.00 | $1,313.20 | $ 978.20 |

Note: The cost of the conference registration on 11/1 and the NYLA luncheon on 11/3 have been deducted from the total requested reimbursement amount they were paid by the library at registration.

**Total Reimbursement Requested: $978.20**