

As a result of the audit for the fiscal year ended June 30, 2014, and as suggested by the Auditor of Public Accounts, the Division of Selected Agency Support Services establishes the following requirements with respect to international travel reimbursements for the Executive Director of the Virginia Israel Advisory Board, its members.

- I. Written approval for international travel by the Executive Director or Board Member must be obtained from the Secretary of Commerce and Trade. The written approval must be obtained prior to making the trip arrangements. The request must include the period of travel and the estimated total costs of the trip. It is preferred that the approval request be submitted in a format that mirrors or is similar to exhibit A of this document. The signed approval letter must be forwarded to the Division of Selected Agency Support Services.
- II. Because the Virginia Israel Advisory Board does not have a small purchase travel card, the Division of Selected Agency Support Services will use its small purchase charge card to procure international plane tickets for approved travel, and be reimbursed for the purchase(s) via inter-agency transfer.
- III. Upon completion of the authorized trip, the traveler must submit a completed itemized travel reimbursement form as reflected in exhibit B of this document to the Division of Selected Agency Support Services. Required receipts must be included with the form.
- IV. The traveler must keep a daily travel log detailing business activity while in travel status, and submit it the reimbursement form.
- V. The Division of Selected Agency Support Services will review the reimbursement form and supporting documents to ensure compliance with allowable authorized expenses and per-deim rates.
- VI. The Executive Director's request to be reimbursed for actual expenses instead of allowable per-deim rates will be honored by the Division of Selected Agency Support Services; if the actual expenses do not exceed the allowable per-deim rates. This practice will result in an estimated twenty to fifty percent reduction in allowable expense reimbursements for each approved trip. The Executive Director made this request in an effort to save on limited agency resources. In addition, this practice will result in a measurable savings to the Commonwealth.
- VII. In addition to these requirements, the Executive Director and the Board Members must adhere to the Travel Regulations as established the State Comptroller.

**EXHIBIT A**

**MEMORANDUM**

**TO:** Maurice A. Jones  
Secretary of Commerce and Trade

**FROM:** Ralph Robbins  
Director, Virginia Israel Advisory Board

**SUBJECT:** Authorization for Travel to Israel

In accordance with the 2015 Virginia Acts of Assembly, Chapter 665, Item 101 K.2., I am requesting travel authorization for my trip to Israel from August 1 through September 30 for, the preparation of and participation in, the Governor's Trade Mission scheduled for September 22 through September 30. As you know, and in keeping with our agency mission, we will be promoting Virginia as a welcoming business state, arranging meetings, encouraging new business relationships, and strengthening existing and established business relationships.

I will be departing Washington, DC on August 1, and arriving in Israel on August 2, and returning to Washington, DC on October 1. Hotel rates and per diem have been calculated based on the U.S. State Department's daily allowance which the state follows with respect to international travel. In addition, miscellaneous travel expenses are categorized separately to account for travel to and from the airport, hotel, and meetings.

Estimated expenses for the trip are as follows:

Roundtrip airfare -Dulles to Israel to Dulles (Procured by Support Services on my behalf)	\$1,805.00
Lodging	\$1,000.00
Per Diem (based on U.S. State Department guidelines)	\$3,000.00
Miscellaneous Transportation	<u>\$ 450.00</u>
TOTAL	\$6,255.00

Please sign below indicating authorization of this trip. Thank you in advance for your consideration.

\_\_\_\_\_  
Maurice A. Jones, Secretary of Commerce and Trade

\_\_\_\_\_  
Date

**\*\*Confidential Working Papers\*\***

Attachments

Estimated Travel Costs Form

<b>Agency Name</b>	VIRGINIA ISRAEL ADVISORY BOARD		
<b>Name of Traveler</b>	RALPH ROBBINS		
<b>Destination</b>	ISRAEL		
<b>Departure Date</b>	September 1, 2015		
<b>Return Date</b>	September 30, 2015		
<b>Day Travel Date</b>	N/A		
	<b>Expenses</b>	<b>Estimated Cost</b>	
	<b>Public Carriers:</b>		
	<i>Airplane</i>	1,805.00	
	<i>Train</i>		
	<i>Rental Car</i>		
	<i>Bus</i>		
	<i>Taxi</i>	450.00	
			2,255.00
	<b>State Equipment:</b>		
	<i>Airplane</i>		
	<i>Automobile</i>		-
	<b>Personal Vehicle:</b>		
	<i>Mileage</i>		
	<i>Tolls</i>		-
	<b>Lodging/Per diem/Fees</b>		
	<i>Registration/Fees</i>		
	<i>Lodging</i>	1,000.00	
	<i>Meals</i>		
	<i>Per diem</i>	3,000.00	
			4,000.00
	<b>Total</b>		6,255.00
<b>Reason for Travel:</b>			

**TRAVEL EXPENSE REIMBURSEMENT VOUCHER**

DEPARTMENT, INSTITUTION, OR AGENCY

**Virginia-Israel Advisory Board -EXHIBIT B**

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name:	Ralph Robbins		
Address:	8300 Boone Blvd		
	Suite 450		
City:	Vienna		
State:	VA	22182	
Vendor ID:	-		Suffix:

**PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY**

- PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE
- STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE
- STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS

STATE EMPLOYEE\*  YES  NO

SIGNATURE OF TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_

TITLE **Executive Director**

I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH

TRAVELER'S SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY. METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. MILES TRAVELED	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMOUNT	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT	
3/29/2015	TRAVEL TO ISRAEL (Air-Fare charged to DSASS credit card)				143.00			143.00	
3/30/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
3/31/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/1/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/2/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/3/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/4/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/5/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/6/2015	PER DIEM-MEETING-TEL AVIV-see meeting schedule				178.00			178.00	
4/7/2015	PER DIEM-FIELD WORK-TEL AVIV				178.00			178.00	
4/8/2015	PER DIEM-MEETING-TEL AVIV-see meeting schedule				178.00			178.00	
I certify all computations are correct and that all necessary and required receipts are attached Initial _____		<b>TOTALS</b>		0.00	0.00	1923.00	0.00	0.00	1,923.00

VOUCHER NUMBER \_\_\_\_\_ DATE (MMDDYY) \_\_\_\_\_

PURPOSE OF TRIP

<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> EXTRADITIONS
<input type="checkbox"/> ATHLETICS	<input type="checkbox"/> INVESTIGATIONS	<input checked="" type="checkbox"/> FIELD WORK
<input type="checkbox"/> RECRUITMENT	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> OTHER (EXPLAIN)

Traveled to Israel to promote Virginia as an opportunistic state to open and build businesses. In addition to meeting with established companies doing business with Virginia to encourage more investment and job creation. I conducted meetings to generate and promote new partnerships between companies in Israel and Virginia. (Other arrangements were made for lodging pro...

TOTAL SHEET 2	4,742.00
<b>GRAND TOTAL</b>	6,665.00
<b>AMOUNT ADVANCED</b>	
<b>Payment/(Due to Agency)</b>	6,665.00

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	PK	PH
	330													
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE	REFERENCE DOC				
			DATE	NUMBER	MM	DD	YY	NUMBER		SX				
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	CHECK IF			
						NUMBER	SX				<input checked="" type="checkbox"/>	CONTINUATION SHEET ATTACHED		