



## TRAVEL LOG

Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_ Period of Travel: \_\_\_\_\_  
 Street: \_\_\_\_\_ Headquarters -  Office \_\_\_\_\_  Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City of Residence \_\_\_\_\_

DATE	TIME		DESTINATION		PROGRAM	TRIP MILES		MEALS	LODGING	AIR TRANS.	OTHER TRANS.	MISC	REGISTER FEES	PURPOSE OF TRIP
	DEPART	ARRIVAL	FROM	TO		Regular	Reduced							
TOTALS:														

## TRAVEL LOG

Name: \_\_\_\_\_

### PROGRAM SUMMARY

Program	# of Miles	Mileage Rate	Program Mileage Expense	Program Meal Expense	Program Lodging Expense	Program Air Trans.	Program Other Trans.	Program Misc. Expense	Program Registration Expense	Comments

### FUNDING INFORMATION

Cost Center	Funct. Area	Fund	GL Account	Grant #	\$

Totals:

**TRAVEL LOG**  
**Instructions for Completing 0178-ENG-DPH**

PURPOSE:

*The 0178-ENG-DPH Form is provided only as an optional tool to assist employees and program areas in keeping track of mileage and other trip expenses. It is not required by DPH or the Comptroller General's Office for travel reimbursement approval.*

EXPLANATION AND DEFINITION

1. Name: Enter the employee's name (as listed in the Personnel records). The full name should be entered in First, Middle and Last Name order.
2. Street, City, Zip: Enter the employee's mailing address.
3. Vendor #: Enter the employee's SCEIS vendor number.
4. Period of Travel: List the Month and Year for which the report is covering. If more than one month is involved, enter the full period involved. The period involved must be within the same fiscal year. (Examples: June 2005, July – August 2005, July – December 2005.)
5. Headquarters Office or Residence:  
Please choose either "Headquarters-Office" **OR** "Headquarters-Residence" based on management's election of either office or residence as your official headquarters. This should match the official headquarters on the 0103-ENG-DPH - Monthly Travel Expense Report and in PAIS/SCEIS.  
Provide actual location on this line as follows:
  - If headquartered in a DPH office, enter the name of the facility and the city where the facility is located beside the Headquarters – Office. (Examples: Sims-Aycock, Columbia; Richland Heath Dept – Columbia.)
  - If headquartered at their residence, enter the name of the city where their residence is located beside the Headquarters – Residence. (Examples: Irmo; Greenville.)
6. City of Residence: Enter the individual's city of residence.
7. Date: Enter the Month and Day for which the line of information relates. For the initial line, enter the year as well (MM/DD/YY).
8. Departure Time: Enter the time of day when the travel commenced.
9. Arrival Time: Enter the time of day when the Destination was reached.
10. Destination From/To: Enter the departure point and destination of each trip for which expenses were incurred. Round trips completed within one day may be entered on one line. If mileage is incurred (more than 10 miles) for travel in the vicinity of your destination location, then the excess must be entered on a separate line as "Vicinity Miles" in the Destination To column.
11. Program: Enter the name of the program for which the travel is being conducted. If multiple programs are involved in a single trip with one set of From and To locations, the programs should be itemized on an attachment.
12. Trip Miles: The length of the trip. Write or type the trip miles in the regular or reduced mileage column depending on the mileage type. If a State vehicle was utilized, enter an asterisk to the right of the mileage number. State car mileage is not reimbursable. When adding up the Trip Miles Column for the Trip Mileage Total, please be sure to only include business mileage from the use of your personal vehicle.
13. Meals: Enter the total amounts expended for meals (up to the maximum allowed). (Refer to the DPH Travel Manual for the amounts per meal that may be claimed.)
14. Lodging: Enter the amount to be claimed for lodging expenses incurred if applicable.
15. Air Trans: Enter the amount to be claimed for any air transportation expenses incurred if applicable. If airfare and baggage fee, place both under Air Trans. If baggage fee only, place under Misc.
16. Other Trans: Enter the amount to be claimed for any "other" forms of transportation expenses including taxis, subways, airport shuttles, metros, and rental cars.

17. Miscellaneous: Enter any miscellaneous travel expenses not elsewhere categorized. See the DPH Travel Manual for examples.
18. Registration: Enter the amount to be claimed for any registration fees (excluding meal costs) incurred, if applicable.
19. Purpose of Trip: Enter the purpose of the trip. Examples would be as follows: Attend SCPHA conference, IOC Inspections, UST inspection, etc.
20. Name: Enter the employee's name from page 1 (as listed in the Personnel records). The full name should be entered in First, Middle Initial and Last Name order.
21. PROGRAM SUMMARY: Summary of Travel Log by Program the travel supported.
  - # Of Miles: Total number of reimbursable miles traveled in support of the specific program (from page 1). Reminder: differentiate between full and reduced mileage rates.
  - Mileage Rate: Use the correct mileage rate for full or reduced mileage as appropriate.
  - Program Mileage Expense: Take field 20A times field 20B.
  - Program Meal Expense: Total program meal expenses from detail trip activity (from page 1).
  - Program Lodging Expense: Total program lodging expenses from detail trip activity (from page 1).
  - Program Air Trans. Expense: Total program air transportation expenses from detail trip activity (from page 1).
  - Program Other Trans. Expense: Total program other transportation expenses from detail trip activity (from page 1).
  - Program Misc. Expense: Total program Misc. expenses from detail trip activity (from page 1).
  - Program Registration Expense: Total program registration expenses from detail trip activity (from page 1).
22. FUNDING INFORMATION
  - Cost/Funds Center: Program to enter applicable SCEIS cost/funds center. (Refer to DPH Chart of Accounts)
  - Functional Area: Program to enter the applicable SCEIS functional area. (Refer to DPH Chart of Accounts)
  - Fund: Program to enter the applicable SCEIS Fund number. (Refer to DPH Chart of Accounts)
  - GL Account: Program to enter the applicable SCEIS GL (general ledger) account code for the transaction. (Refer to DPH Chart of Accounts).
  - Grant #: Program to enter the SCEIS Grant number, if applicable to the fund used. Non-Relevant automatically populates in this field. Click on the button provided to the right in this field to choose Grant #, if applicable. This will allow you to enter the Grant #. If you choose Grant #, immediately begin typing the applicable grant # to populate the field, or click on grant #, then backspace and enter the applicable grant number. (Refer to DPH Chart of Accounts)
  - Amount: Program to enter the gross amount for each line of funding.

#### OFFICE MECHANICS AND FILING:

Copies: Originals are to be maintained in the program area if the program area chooses to utilize this form. The 0178-ENG-DPH is provided only as an optional tool for employee and program areas as needed. This form is not required by DPH for travel reimbursement; therefore, Financial Management does not need a copy.

Supply: DPH does not maintain a hard copy supply of this form. Forms may be obtained through RIMS (Records Information Management System) or the Financial Management website.

Retention: Schedule 12-736. If the program area chooses to use this form, the program may use this retention schedule to file and retain this form in the program area. 3 full fiscal years; destroy.