



Arizona Department of Transportation
Intermodal Transportation Division
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INFORMATION BULLETIN NO. 09-14

TO: ADOT Project Managers
Resident Engineers
and Consultant Engineering Firms

FROM: Engineering Consultants Section

SUBJECT: STANDARDIZED TRAVEL FOR COST PLUS FIXED FEE CONTRACTS

In order to simplify the process and increase the efficiency of processing Payment Reports, ECS is standardizing the form used to request reimbursement for travel expenses on Cost Plus Fixed Fee (CPFF) contracts.

Effective, January 1, 2010, the form attached must be submitted as the standard back-up documentation along with related travel receipts when travel expenses are invoiced for all CPFF contracts. If you would like an electronic version of the form for your use please contact the Contract Specialist for your contract.

Should you have any questions or require any additional information regarding this bulletin, please contact Engineering Consultant Section at (602) 712-7525.

A handwritten signature in black ink, appearing to read 'V. Lattibeaudiere', is written over a horizontal line.

Vivien Lattibeaudiere, Ph.D.
Director
Engineering Consultants Section

ECS Standard Travel Form Consultant Travel Reimbursement

ECS Contract Number _____

Name of Traveler _____

Consultant Reference Number _____

Address of Traveler _____

Employer Address _____

| Date of Travel | Purpose of Travel | Place Traveling to | Time Departed | Time Arrived | Mileage | x 0.445 | Meals* | Lodging* | Rental Vehicle* | Other* | Total |
|----------------|-------------------|--------------------|---------------|--------------|---------|---------|--------|----------|-----------------|--------|-------|
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Total Requested for Reimbursement \$ _____

* All Meals, Lodging, Rental Vehicle and Other reimbursement requests must have receipts and justification of travel expenses. Out of State Travel must be approved by the ADOT Project Manager prior to travel. All requests are subject to the ADOT Travel Policy unless the contract specifies otherwise. Should additional employees/business travelers be part of the reimbursement, a list of name(s), company employed by and justification must be provided.

By my signature as traveler, I certify that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I further certify that I have reviewed and understand the statewide travel policy and that the amounts claimed represent the actual qualified amounts and/or miles incurred during authorized, official state business and that I am not requesting any reimbursements not allowed or not actually expended.

Traveler's Signature _____ Date _____