

## Job Aid for Incident Travel Report Form

Please email the completed form to [DNR-NoMichigan-IceStorm-Docs@michigan.gov](mailto:DNR-NoMichigan-IceStorm-Docs@michigan.gov).

Save your documents in the following format: **DocType\_DIV\_Name\_Date**.

Use the document name as the **SUBJECT** section of the email.

We appreciate your patience as we navigate through the document collection process. Please reach out to any of the Document Unit if there are any questions.

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### **INCIDENT TRAVEL REPORT – FOR ANY TRAVEL EXPENSE REPORTS (TRERs) FILLED OUT IN SIGMA – please include the TRER number (25\*XXXX)**

1. See highlighted fields that need to be completed
2. Employee Name – First & Last Name
3. Date submitted
4. Contact phone – Unit phone number or work cell number
5. SIGMA Unit Number – 4-digit Unit (i.e. 3642)
6. Supervisor Name: your supervisor of record
7. Admin Support – who takes care of your travel for the incident
8. Travel Start Location – home unit – 4-digit (i.e. 3642)
9. Travel Destination – where you performed work for the TRER you submitted in SIGMA
10. Date – Date travel occurred
11. Start time / End Time – what you reported in SIGMA
12. Lodging / Hotel Name (if applicable) – only if you were reimbursed for hotel. A copy of the hotel receipt needs to be included.
13. Meal – whatever meal allowance/amount you entered into SIGMA
14. Mileage – only if you were reimbursed mileage for a personal vehicle
15. Other expense – enter amount of any other expense included on your TRER, describe expense in “Hotel Name” space. A copy of the expense receipt(s) needs to be included.
16. Sign / Date - This does not need to be certified signature

***Word only totals columns when it is printed. To make sure the form is calculating the column totals, you will need to follow this path in Word: File--Options--Display, then click the "Update fields before printing" box. This allows the fields to update. You can print to pdf and the columns should total. You can email this form as a PDF.***



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

# INCIDENT TRAVEL REPORT

<b>Employee Name</b>		<b>Date Submitted</b>	
<b>Contact Phone</b>		<b>SIGMA Unit Number</b>	
<b>Supervisor Name</b>		<b>Administrative Support</b>	
<b>Travel Start Location</b>		<b>Travel Destination</b>	

Date	Start Time	End Time	Lodging	Hotel Name	Group Meal	Breakfast	Lunch	Dinner	Mileage (\$)	Other Expense	Daily Total
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
Totals						0.00	0.00	0.00	0.00	0.00	0.00

<b>Group Meals (List Staff and Date)</b>

<b>Employee Signature</b>		<b>Date</b>	
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Official Use Only

<b>Government Officer's Signature</b>								<b>Date</b>	
<b>Entered</b>	Init:	Date:	<b>Audited</b>	Init:	Date:	<b>Submitted</b>	Init:	Date:	

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