PURCHASING MEMORANDUM

GENERAL INFORMATION BULLETIN

NUMBER: CL-744

GROUP: 79006 – Air Travel Services

DATE: January 29, 2015

PLEASE ADDRESS INQUIRIES TO:

STATE AGENCIES & AUTHORIZED USERS
Mark Milstein
Statewide Travel Coordinator
(518) 402-5005
tavelcoordinator@ogs.ny.gov

SUBJECT: Air Travel Services Guidelines

TO ALL STATE AGENCIES AND OTHERS AUTHORIZED TO USE STATE CONTRACTS:

The State has been successful in securing contracts with major airlines to provide reduced airfares combined with beneficial service terms. As a result of these contracts, the State has saved millions of dollars a year in air travel costs.

Procurement Services’ airline contracts offer discounted airfares between New York State and other domestic and foreign destinations.

Our ability to continue achieving such savings depends largely on ensuring that State agencies and authorized users utilize Procurement Services contracts. Accordingly, users are recommended to adhere to the following guidelines when purchasing air travel:

1) All airline tickets must be purchased using the contracted State Travel Card or Non-Employee Travel Card (NET). The Net-Card is used for non-employee travel expenses. However, non-state agencies can use the New York statewide contracted procurement card for purchasing travel services. Employees may not use personal credit cards or other means for reimbursement.

2) All airline ticketing must be done through an authorized State travel management contractor (see Travel Management Services contract at http://www.ogs.ny.gov/purchase/snt/awardnotes/7900522536can.htm), responsible for certifying that the ticketing is done in accordance with these guidelines.

3) Recommended exceptions include: emergency situations, when the non-contract fare saves $200 or more per roundtrip ticket, or contract flights would require the traveler to incur unnecessary overnight lodging costs.

When an exception occurs, the attached form must be completed and approved by your Agency Finance Officer or other appropriate authority and a copy e-mailed to the Statewide Travel Coordinator, Mark Milstein, 37th Floor, Corning Tower, Empire State Plaza, Albany, NY 12242. Phone: 518-402-5005, e-mail: Travelcoordinator@ogs.ny.gov
AIR TRAVEL SERVICES CONTRACT
EXCEPTION FORM

There are three recommended exceptions to airline contract usage:

✓ An emergency
✓ Non-contract fare saves $200 or more per round-trip ticket.
✓ Contract flights would require the traveler to incur unnecessary overnight lodging costs.

When an exception occurs, this form must be completed and approved by your Agency Finance Officer or other appropriate authority with a copy of this e-mailed to the Statewide Travel Coordinator, Mark Milstein, 37th Floor, Corning Tower, Empire State Plaza, Albany, NY 12242. Phone: 518-402-5005, e-mail: Travelcoordinator@ogs.ny.gov

Agency Travel Coordinator Name
__________________________________________________________________________
Agency Name and Address
_________________________________________________________________________
Passenger Name
__________________________________________________________________________
Passenger Phone and Email Address
__________________________________________________________________________
Lowest contract fare
__________________________________________________________________________
Amount of non-contract fare (desired flights)
__________________________________________________________________________
Total amount lost/gained by not using contract fare
__________________________________________________________________________
Routing and Date of Travel
__________________________________________________________________________
Airline (s)
__________________________________________________________________________
Reason for exception (detailed explanation)
__________________________________________________________________________
__________________________________________________________________________
Name of Finance Officer (or name of designated authority):
Name:___________________________________Title:_______________________Date:______________________