

FORMS

These forms need to be filled out immediately to get you set-up into the system for your future reimbursement.

- **Travel Profile Form**
- **Payee Data Record – STD 204**

I cannot move forward without the information on these two forms. I will need a wet signature for the Payee Data Record.

I have also attached two items which are *not* required right away (listed below), but we will need them before we can issue any reimbursements.

- **Blank TEC** ← Also known as a **Travel Expense Claim**
- **Travel Expense Worksheet**

TRAVEL EXPENSE CLAIM (TEC)

When submitting a TEC, please be sure to do the following:

On the Blank TEC, please fill out the information in the top left portion of the document (shown in yellow in the screenshot below).

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION		See Instructions and *Privacy Statement On Reverse Side		Page _____ of _____ Pages
TRAVEL EXPENSE CLAIM STD 262 (REV 3/2007)		SSAN or EMPLOYEE NUMBER		DEPARTMENT
CLAIMANT'S NAME		On File		MHSOAC
POSITION	CBID NUMBER	DIVISION or BUREAU	INDEX NUMBER	
Commissioner	Exempt	Operationalis and Admin	550030118	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS		TELEPHONE NUMBER
		1325 J Street, Suite 1700		916-445-8696
CITY	STATE	ZIP CODE	CITY	STATE
			Sacramento	CA
				95811

In Box 11, *Purpose of the Trip*, please be sure to write the date and title of the meeting, for example, "March 8, 2017 CFLC/CLCC Meeting Orientation" (see screenshot below). Then sign the document in **BLUE** ink. The State Controller's Office (the department in charge of issuing the travel reimbursement checks) requires TECs to be submitted with a wet signature in **BLUE**. A signature in any other color will be returned unpaid.

CLAIM TOTAL		AGENCY ACCOUNTING OFFICE USE ONLY	
(13) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		PAID BY REVOLVING FUND CHECK NUMBER	
(14) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (see item 17 on reverse)			DATE

The rest of the TEC will be filled out by me here in the office using the information pulled from the **Travel Expense Worksheet** filled out by you.

Several Committee Members like to fill out several of these TECs at once and send them into me in bulk. We do not require that you do this, but it does expedite the reimbursement process a little.

TRAVEL EXPENSE WORKSHEET

The **Travel Expense Worksheet** looks a little intimidating. I promise it's not. I've outlined the pertinent information below and provided a screenshot of what it should look like:

- Name
- Purpose
- Dates
- Departed
- Returned

Example:

Name: Kristal Antonicelli		Phone Number		
E-mail		Vehicle License #		
Purpose: February 25, 2016 Commission Meeting				
Trip hours	Date	Departed	Returned	
	2/24/2016	8:00 AM		
	2/25/2016		5:30 PM	
Expenses	Date	Details		Amount
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other		
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other		
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other		
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other		
Own car		Mileage		
Lodging		Location		
		Location		
		Location		
		Location		
Meals		(Not to exceed \$14/day)		
		(Not to exceed \$14/day)		
		(Not to exceed \$14/day)		
		(Not to exceed \$14/day)		
Conference fees		Purpose		
		Purpose		
Other		Purpose		
		Purpose		
		Purpose		
Please attach receipts for all listed expenses, sign the form and send to MISOAC Travel Coordinator				
Signature: <i>Kristal Antonicelli</i>			Date: 2/22/2016	

WHAT YOU NEED TO SEND US EACH TIME YOU SUBMIT A CLAIM

When mailing us your travel expense claims, the following must be submitted each time:

1. Signed TEC in **BLUE INK**
2. Travel Expense Worksheet

3. Copies of any itineraries that we booked and sent to you (flight, hotel, rental car) – if applicable
4. Hotel folio (provided by hotel at check out) – If applicable
5. Original receipts
6. Copy of meeting agenda
7. Google Map (if claiming mileage)

I'll be going over some of these in more detail below.

REIMBURSEMENTS

The MHSOAC pays up front for any flights, hotels, and rental cars for Committee Members who are travelling on preapproved Committee Member business. I will book these for you and send you the itineraries. Any changes or cancellations on these items must be made by me or another staff member if I am not in the office, not by the Committee Member. If you are not able to get a hold of me by email or phone, then please call the main phone number 916-445-8696 and leave your message on that phone and your cancellation will be processed by the staff person that answers that phone line.

Out of pocket expenses that are not covered initially are taxis, parking (unless otherwise noted), gas, mileage, and food (per diem). Per diem is calculated by using the guidelines of when you leave your home and when you return home so indicating that on your **Travel Expense Worksheet** is crucial. Also, lunch is never allowed when you are traveling in/out same day. These expenses are reimbursed after the fact. Please be sure that any and all taxi, parking, and gas receipts are submitted with travel requests. The original receipts are required.

PERSONAL CAR

When submitting a travel claim where a personal car was driven, please be sure to include a Google Map of the route taken. Currently, the reimbursement rate is \$0.53.5 per mile. If a Committee Member is planning on using a personal vehicle for Committee Member travel, he/she must submit the attached form titled, "**Personal Car- STD 261**" prior to doing so.

PARKING

Parking is covered by the Commission, but only Self Park at hotels (not valet, unless of course that is the only option offered by the hotel), and Economy Parking at airports. A Committee Member may of course choose to use more expensive parking means, but will only be reimbursed for the covered amount. For example, if a Committee Member is parking at the Sacramento Airport and elects to park in the Parking Garage (\$17/day), instead of the Economy Lot (\$10) per day, he/she is welcome to do so, but will only be reimbursed for \$10, rather than the full \$17. Parking receipts that are lost prior to reimbursement will only be reimbursed at the rate of \$10, so please remember it is important to keep your receipts for full reimbursement.

PLEASE NOTE: the most cost effective mode of transportation will always be selected when booking travel, barring any extenuating circumstances. For example: If a flight costs the Committee Member \$400 round trip, and a car drive costs the Committee Member \$300, then the Committee Member will be required to take the less expensive mode of transportation (in this case, driving). There are of course other factors that go into this, but this is a simplified example.

