



# Travel Guidelines for Committee Members

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WELLNESS • RECOVERY • RESILIENCE

# Purpose

- Travel Guidelines for Committee Members is a reference tool.
  - Determine the documents needed.
  - Outline proper reimbursement rates for travel expenses incurred by committee members.
- Committee members will be reimbursed in accordance with State per diem laws.



# General Rules

- Committee members will be reimbursed in accordance with State per diem laws.
- All travel arrangements for committee members must be made by the MHSOAC Travel Coordinator.
- It is the responsibility of the committee member to be familiar with and to adhere to all applicable travel rules and regulations and to submit reimbursement claims within 30 days of travel with all receipts.



# Payee Data Record

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE  
**PAYEE DATA RECORD**  
 (Required when receiving payment from the State of California in lieu of IRS W-9)  
 STD. 204 (Rev. 4-2003)

1	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.		
2	<b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print) SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____ E-MAIL ADDRESS _____ MAILING ADDRESS _____ BUSINESS ADDRESS _____ CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____		
3	<b>PAYEE ENTITY TYPE</b> CHECK ONE BOX ONLY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: _____ <small>(SSN required by authority of California Revenue and Tax Code Section 18546)</small>	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____ <b>CORPORATION:</b> <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS	<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.
4	<b>PAYEE RESIDENCY STATUS</b> <input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.		
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____ TITLE _____ SIGNATURE _____ DATE _____ TELEPHONE (____) _____		
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: (____) _____ Fax: (____) _____ E-mail Address: _____		

Payee Data Record - This is only completed once, to set up your travel file.

The State cannot make any travel arrangements or reimburse individuals without the information on this form.



# Travel Profile Form

The Travel Profile Form is required and must be completed by all Committee Members and returned to the MHSOAC Travel Coordinator.

The information requested is used to create a travel profile at the Travel Store. The Travel Store is the travel agency for the MHSOAC. It is also known as Concur.

The MHSOAC is required to reserve all travel (airline, hotel, and car) through the Travel Store.



Travel Profile for \_\_\_\_\_

<b>Personal Information</b>	Name as it appears on drivers license	
	E-mail address	
	Business phone	
	Home phone	
	Cell phone	
	Fax number	
	Birthdate	
<b>Address</b>	Mailing Address	
<b>Frequent Flyer Programs</b>	Program name	
	Account number	
	Program name	
	Account number	
	Program name	
	Account number	
<b>Airplane Travel Preferences</b>	Position (e.g., aisle, window, center)	
	Location (e.g., forward, rear, wing, exit row, bulkhead, right, left)	
<b>Hotel Room Preferences</b>	Type (e.g., suite, king, double, single)	
	Smoking/non-smoking	
	Special requests	
<b>Rental Car Preferences</b>	Type *(e.g., mid-size, compact, sub-compact, full-size, full-size four-door, luxury, minivan, SUV)	
	Special requests	

\*upgrades to rental cars will not be covered by the State.



# Travel Expense Worksheet



Travel Expense Worksheet

Name			Phone Number
E-mail			Vehicle License #
Purpose			
Trip hours	Dates	Departed	Returned
Expenses	Dates	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	
Meals		(Not to exceed \$34/day)	
		(Not to exceed \$34/day)	
		(Not to exceed \$34/day)	
		(Not to exceed \$34/day)	
Conference fees		Purpose	
		Purpose	
Other		Purpose	
		Purpose	
		Purpose	
		Purpose	
Please attach receipts for all listed expenses, sign the form and send to MHSOAC Travel Coordinator			
Signature			Date

The Travel Expense Worksheet looks like a lot of information, but minimal details are required.

## Required information:

- Your name
- Purpose of travel
- Date(s) of travel
- Time you departed from home
- Time you returned home





# General Guidelines - Air/Train/Bus Travel

- The MHSOAC will pay travel for costs for Committee members to attend Committee meetings and activities in accordance with State regulations.
  - Airfare, train, or bus travel
  - Taxi/shuttle (reimbursement)
  - Parking (reimbursement)
  - Mileage (reimbursement)
  - Per diem (reimbursement)
- The Travel Coordinator will make all reservations for Committee members for airline, bus, or train travel.
- Committee members must send travel requests to the Travel Coordinator including flight/train/bus selections. The Travel Coordinator cannot select travel times/options on your behalf.





# General Guidelines – Reimbursement

- The MHSOAC will reimburse committee members for out of pocket expenses not covered up front:
  - Shuttle/Taxi/Lyft/Uber
  - Parking (at airport/bus/train station)
  - Parking (at meeting location)
  - Mileage
  - Toll fees
  - Per diem (if applicable)



# General Guidelines – Reimbursement

- All travel to and from the airport/train/bus station to the committee meeting location should be by shuttle, taxi, Lyft, Uber, or public transportation. You must retain and provide all receipts.
- Parking at airport/train/bus station is reimbursed up to \$10.00 per day. You must retain and provide all receipts.
- Rental cars may only be used if other means of public transportation are not available. The MHSOAC Travel Coordinator will assist you in determining if a rental car is appropriate.



# General Guidelines – Mileage Reimbursement

- If you are travelling in your personal vehicle, you may be reimbursed for mileage, toll fees, and parking costs.
- Mileage Reimbursement Rate is 58 cents per mile
- Parking at meeting location is reimbursed up to \$10.00 per day. You must retain and provide all receipts.
- Toll fees are eligible for reimbursement. You must retain and provide all receipts.



# General Guidelines – Per diem

- If applicable, you may be reimbursed for per diem.
- Per diem is calculated using the time you leave your home/office and when you return to your home/office. This information is to be provided on your travel expense worksheet.
- State per diem is limited for trips under 24 hours. The Travel Coordinator will help you determine if you are eligible for per diem reimbursement.
  - Breakfast may be claimed for trips that begin at or before 6:00am.
  - No lunch may be claimed on trips of less than 24 hours.
  - Dinner may be claimed for trips that end at or after 7:00pm.



# What You Need to Send Each Time you Submit A Travel Claim

- When sending your travel expense claims, the following documentation must be submitted each time:
  - Signed TEC
  - Travel Expense Worksheet
  - Copies of any itineraries that we booked and sent to you (flight, hotel, rental car)
  - Original receipts (taxi, parking, toll etc.)
  - Copy of meeting agenda
  - Google Map (if claiming mileage)



# Contacts

- Angela Brand, Committee Staff  
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- Keely Connelly, Travel Coordinator (Travel Arrangements)  
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# Questions?

