TRAVEL AUTHORIZATION AND REIMBURSEMENT POLICY

Amended November 19, 2019 via Minute Order #16
I. AUTHORIZATION FOR TRAVEL

A. Authorization by Department Head
   - Out of County Travel;
   - Blanket Travel Approvals

B. Authorization by Board of Supervisors
   - Out of State/Out of Country Travel
   - Exceptions: CA, AZ, NV, 100 miles or less into Baja CA Norte and Sonora MX.
II. TRAVEL AUTHORIZATION PROCEDURE

A. Travel Request Documentation

- Revised Authorization for Travel & Expense Form (Exhibit A)
  - Lodging, rental car, airline reservations/ confirmation
  - Meeting information/ conference agenda
- Motor Pool Reservation (Exhibit B)
- Waiver-Release of Liability Form (Exhibit C)
- Authorization to Use Privately Owned Vehicle for County Business (Exhibit D)
III. ALLOWABLE EXPENSES

A. Meals
B. Lodging Expenses
C. Transportation
III. A. MEAL REIMBURSEMENT

The County of Imperial will refer to the RATE SCHEDULE of the United States General Services Administration Meal and Incidental Expense Guidelines

http://gsa.gov/mie
# FY2019 M&IE Breakdown

Choose one of the headings below to get meals and incidental expense rates (M&IE) for federal travelers.

Find M&IE total and breakdown by meal for travel in the continental U.S.

<table>
<thead>
<tr>
<th>M&amp;IE Total (1)</th>
<th>Continental Breakfast/ Breakfast (2)</th>
<th>Lunch (2)</th>
<th>Dinner (2)</th>
<th>Incidental Expenses</th>
<th>First &amp; Last Day of Travel (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$55</td>
<td>$13</td>
<td>$14</td>
<td>$23</td>
<td>$5</td>
<td>$41.25</td>
</tr>
<tr>
<td>$56</td>
<td>$13</td>
<td>$15</td>
<td>$23</td>
<td>$5</td>
<td>$42.00</td>
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<tr>
<td>$61</td>
<td>$14</td>
<td>$16</td>
<td>$26</td>
<td>$5</td>
<td>$45.75</td>
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<tr>
<td>$66</td>
<td>$16</td>
<td>$17</td>
<td>$28</td>
<td>$5</td>
<td>$49.50</td>
</tr>
<tr>
<td>$71</td>
<td>$17</td>
<td>$18</td>
<td>$31</td>
<td>$5</td>
<td>$53.25</td>
</tr>
<tr>
<td>$76</td>
<td>$18</td>
<td>$19</td>
<td>$34</td>
<td>$5</td>
<td>$57.00</td>
</tr>
</tbody>
</table>

MEAL REIMBURSEMENT - Out of County Travel

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast per diem is allowed if employee commences out-of-County travel one (1) hour prior to their work schedule.*</td>
<td>Lunch per diem is allowed if employee commences out-of-County travel on or before 11:30 am.</td>
<td>Dinner per diem is allowed if employee out-of-County travel ends one (1) hour after their work schedule or any time thereafter.*</td>
</tr>
</tbody>
</table>

*Section III of the Travel Authorization & Reimbursement Policy can be amended by the CEO as needed.
III. Sections C and D: 
LODGING EXPENSES & TRANSPORTATION

LODGING
- No miscellaneous room charges are allowed

TRANSPORTATION
- Business Select is not allowed
- Early Bird Check-In is not
IV. TRAVEL ADVANCES OR REIMBURSEMENTS

Advances may be made to the employee for per-diem meals and incidental expenses for out-of-county travel.

Any per-diem meal advances made to an employee shall be returned or reimbursed to the County in the event the approved travel is canceled or shortened for any reason.
VI. CLAIMS

Documentation of all expenses shall be submitted to the Auditor-Controller’s Office within **sixty (60) days**.

In no event will Auditor-Controller’s office process a claim for travel expenses in an amount in excess of that approved by the Department Head.
VII. RETENTION OF RECORDS

Each department will retain all submitted travel records for three years.
VIII. IMPLEMENTATION

The County Executive Officer shall be responsible for the implementation and interpretation of this Policy.
ADDITIONAL BOARD ACTION TAKEN ON NOVEMBER 19, 2019

■ Departments’ travel budgets will be randomly audited by the Auditor-Controller’s Office. Findings will be reported to the Board of Supervisors
  - Expense reports; assess validity of travel expenses, appropriate approvals, consistency with travel reimbursement per policy.

■ If Departments exceed the adopted travel budget, a BAR submittal to the Board of Supervisors will be required.
  - Journal Entries or Transfer of Appropriations will not be allowed.
EXHIBIT A.

Authorization for Travel and Expenses Form
**EXHIBIT B.**

**Fleet Services**

**Motor Pool Reservation Form**

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**MOTOR POOL RESERVATION**

**PICK UP:**
- **Date:**
- **Time:**

**DROP OFF:**
- **Date:**
- **Time:**

**REQUESTER**

<table>
<thead>
<tr>
<th>Department</th>
<th>Account</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Number of Passengers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Itinerary</th>
<th></th>
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<tbody>
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</tbody>
</table>

**VEHICLE REQUEST**

- Sedan
- Sedan Fullsize
- SUV
- Minivan
- Truck
- Van

**Special Request**

**SUBMIT REQUEST**

Email Motor Pool Reservations to fleetservices@co.imperial.ca.us

Direct (442)365-1992

Fax (760)337-8029

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**GARAGE USE ONLY:**

- **Vehicle Number:**
- **Starting Miles:**
- **OMS Reservation:**
- **Ending Miles:**
- **Entered by:**
- **Total Miles:**
EXHIBIT C.

Waiver/Release of Liability Form

Count of Imperial

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

In consideration for being allowed to travel in a County vehicle on DATE: , hereby release the County of Imperial, its agents and employees from all claims for any and all liability for any injury, either real or perceived, suffered by the NAME: or any person associated with or attending this event (EVENT NAME: ) arising from or connected with the gathering. The NAME: assumes all risk from any injuries received.

The NAME: also agrees to the fullest extent permitted by law to indemnify, defend, protect and hold the County of Imperial and its representatives, officers, directors, designers, employees, agents, successors and assigns harmless from any and all claims, expenses, liabilities, causes of action, demands, losses, penalties, attorney fees and costs, in law or equity, or every kind and nature whatsoever arising out of or in connection with the NAME: participation in this gathering, including the Airport Cargo Facility Study negligent acts and omissions and/or willful misconduct, or the negligent acts and omissions and/or willful misconduct of any other persons associated with or attending the speech.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: ___________________________ Date: ___________________________

Title: ___________________________ Agency: ___________________________

[Signature]

[Seal]
Authorization to Use Privately Owned Vehicle for County Business

<table>
<thead>
<tr>
<th>Department Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
<td></td>
</tr>
<tr>
<td>Position Title:</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that, while operating a privately owned vehicle for County business, I will:

1. Have a valid California driver’s license. ____ (valid)
2. Carry proof of liability insurance in my possession as per Vehicle Code VC § 160020. ____ (valid)
3. Assure that all persons in the vehicle will wear safety belts (VC § 27315). ____ (valid)
4. Ensure to the best of my knowledge that the vehicle is in a safe mechanical condition. ____ (valid)
5. Maintain liability insurance coverage in force on the vehicle(s) I use on County business for at least the minimum amount prescribed by State Law (VC § 16451). ____ (valid)

I further understand the following:

1. California Insurance Code section 11580.9(d) states that “where two or more policies affording valid and collectible liability insurance apply to the same motor vehicle or vehicles in an occurrence out of which a liability loss shall arise, it shall be conclusively presumed that the insurance afforded by that policy in which the motor vehicle is described or rated as an owned automobile shall be primary and the insurance afforded by any other policy or policies shall be excess.” ____ (valid)
2. The mileage reimbursement claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance. ____ (valid)
3. Permission to drive a privately owned vehicle on County business must be authorized by my supervisor and understand it is a privilege, which may be suspended or revoked at any time. ____ (valid)
4. I shall not operate a motorcycle, mopeds, motorized scooters, or similar modes of transportation on County business. ____ (valid)
5. I shall not borrow another person’s vehicle to conduct County business. ____ (valid)
6. I shall attach proof of my liability insurance with this form. ____ (valid)

Employee Signature: [Signature] Date: [Date]

Department Head Signature: [Signature] Date: [Date]

Updated May 29, 2019
OTHER
(Not Included in the Travel Policy)

Transient Occupancy Tax Exemption Claim

(SACRAMENTO)
Welcome to Imperial County’s Auditor Department

Welcome to my homepage. This page gives me the opportunity to provide you with financial information about your local government. I am always interested in receiving questions in regard to the financial operations of Imperial County. Prior to coming to the County I was an auditor in a local CPA firm and worked for a number of years as Controller in banks. I serve on several committees including the Imperial County Treasury Oversight Committee, Imperial County Debt Management Committee, and participate in other financially related committees in the county, including the budget process.

We have installed a new financial accounting system providing us better information about the performance of the County, as well as, providing better service to the residents in the County.
QUESTIONS?