



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](#)

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

<https://www.gsa.gov/travel/plan-book/per-diem-rates/fy2019-mie-breakdown>

MEAL REIMBURSEMENT - Out of County Travel

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

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

A.) TRAVEL REQUEST		Org Key:	Object Code:
Department / Board <i>(if applicable)</i> : _____		Date: _____	
Name of Payee: _____		Payee Vendor #: _____	
Departure Date: _____		Departure Time: _____	
Return Date: _____		Return Time: _____	
Destination <i>(include complete address)</i> : _____			
Organization / Sponsor: _____			
Reason for Travel: _____			
B.) APPROVAL OF TRAVEL		C.) FINAL CLAIM <i>(receipts required)</i>	
Transportation: Airfare _____		Transportation: Airfare <i>(receipts)</i> _____	
Vehicle: County _____ Private _____		Vehicle: County _____ Private _____	
mileage _____ @ _____		Private- actual mileage _____ @ _____	
<i>(Please use current mileage rate & submit driving directions indicating total miles)</i>			
Rental Car: _____		Rental Car: <i>(receipts)</i> _____	
Lodging Hotel: _____		Lodging Hotel: <i>(receipts)</i> _____	
nights _____ @ rate _____		nights _____ @ rate _____	
Meals: Per Diem Method <i>(Complete Per Diem Schedule)</i>		Meals: Per Diem Method	
Days _____ x Per Diem rate _____		Days _____ x Per Diem rate _____	
Meals: Actual Method <i>(Complete Per Diem Schedule)</i>		Meals: Actual Method	
Breakfast \$ _____ x _____ days _____		Breakfast \$ _____ x _____ days _____	
Lunch \$ _____ x _____ days _____		Lunch \$ _____ x _____ days _____	
Dinner \$ _____ x _____ days _____		Dinner \$ _____ x _____ days _____	
Incidental \$ _____ x _____ days _____		Incidental \$ _____ x _____ days _____	
Registration: _____		Registration: _____	
Other Expenses: _____		Other Expenses: _____	
Taxi & Shuttles <i>(receipts)</i> _____		Taxi & Shuttles <i>(receipts)</i> _____	
Other: _____		Other: _____	
Total Estimated Expenses: _____		Total Expenses: _____	
Funded from other Sources: Yes No		Previously Paid: check (X) if item was paid: _____	
Approved Declined <i>(see comments)</i>		Amount to be Reimbursed: _____	
Comments: _____		Claimant:	
_____		I hereby certify that the above claim and the items as therein set out are true and correct, that no part has been presented in a prior claim and that the same is presented within 60 days after the last item has accrued or that this is an itemized account of travel expense.	
_____		_____	
I hereby certify that the travel detailed above was directed by me for the benefit of my department and was authorized in accordance with law and ordinances and resolution of the Board of Supervisors and that the claimant is an officer, employee or agent of my department.		Claimant Signature _____ Date _____	
Department Head Signature _____ Date _____		APPROVED FOR PAYMENT - AUDITOR-CONTROLLER _____ Date _____	

EXHIBIT B.

Fleet Services Motor Pool Reservation Form



IMPERIAL COUNTY FLEET SERVICES
1414 State Street
El Centro, California 92243
fleetservices@co.imperial.ca.us (442)265-1992

MOTOR POOL RESERVATION

PICK UP:	DROP OFF:
Date: _____ / _____ / _____	Date: _____ / _____ / _____
Time: _____	Time: _____

REQUESTER

Department: _____	Account: _____
Driver: _____	Phone Number: _____
Email: _____	Number of Passengers: _____
Itinerary: _____	

VEHICLE REQUEST

Sedan Midsize <input type="checkbox"/>	Sedan Fullsize <input type="checkbox"/>	SUV Midsize <input type="checkbox"/>	Truck Midsize <input type="checkbox"/>	Van Midsize <input type="checkbox"/>	Van Fullsize <input type="checkbox"/>
Special Request: <input type="checkbox"/> _____					

SUBMIT REQUEST

Email Motor Pool Reservations to fleetservices@co.imperial.ca.us Direct (442)265-1992 Fax (760)337-8629
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GARAGE USE ONLY:

Vehicle Number: _____	Starting Miles: _____
CAMS Reservation: _____	Ending Miles: _____
Entered by: _____	Total Miles: _____

EXHIBIT C.

Waiver/Release of Liability Form



County 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, designees, employees, agents, successor and assigns harmless from any and all claims expenses, liabilities causes of action, demands, losses, penalties, attorneys 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 Feasibility 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: _____

EXHIBIT D.

Authorization to Use Privately Owned Vehicle for County Business

Authorization to Use Privately Owned Vehicle For County Business			
Type of Request:	Initial Request <input type="checkbox"/>	Renewal (NO Policy Changes) <input type="checkbox"/>	Renewal (Policy Changes) <input type="checkbox"/>
Department Name:		Date:	
Employee Name:		Division:	
Position Title:		Employee #:	
<p>I hereby certify that, while operating a privately owned vehicle for County business I will:</p> <ol style="list-style-type: none">1. Have a valid California driver's license. _____ (Initials)2. Carry proof of liability insurance in my possession as per Vehicle Code VC § 160020. _____ (Initials)3. Assure that all persons in the vehicle will wear safety belts (VC § 27315). _____ (Initials)4. Ensure to the best of my knowledge that the vehicle is in a safe mechanical condition. _____ (Initials)5. Maintain liability insurance coverage in force on the vehicle (s) I use on County business for <u>at least</u> the minimum amount prescribed by State Law (VC § 16451). _____ (Initials) <p>I further understand the following:</p> <ol style="list-style-type: none">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". _____ (Initials)2. The mileage reimbursement I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance. _____ (Initials)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 times _____ (Initials)4. I shall not operate a motorcycle, mopeds, motorized scooters, or similar modes of transportation on County business. _____ (Initials)5. I shall not borrow another person's vehicle to conduct County business. _____ (Initials)6. I shall attach proof of my liability insurance with this form . _____ (Initials)			
Employee Signature:		Date:	
Department Head Signature:		Date:	

Updated May 29, 2019

OTHER

*(Not Included in the
Travel Policy)*



CITY OF SACRAMENTO
TRANSIENT OCCUPANCY TAX EXEMPTION CLAIM
SACRAMENTO CITY CODE SECTION 3.28.060

Transient Occupancy Tax Exemption Claim

(SACRAMENTO)

ROOM(S) RENTED BY:

_____ United States Government _____ State of _____
_____ County of _____ _____ City of _____

REPRESENTATIVE:

Name _____ Title _____

Agency _____

Business Address _____ Room # _____

City _____ State _____ Zip Code _____

Hotel/Motel/Inn _____

Date(s) of Stay _____

I declare under penalty of perjury that the above named government agency is directly renting a room(s) at the hotel/motel listed and is therefore exempt from payment of the Transient Occupancy Tax. Permission of verification is permitted.

Signed _____ Date _____



 Kronos Login
Webpage

 Imperial County
Website

 Employee
Online

Welcome to Imperial County's Auditor Department

Resources

- [Training Materials](#)
- [Kronos WFC Documents](#)
- [OneSolution Information](#)
- [Property Tax Value/Rates](#)
- [CFD Reports](#)



Welcome to my homepage. This page is an opportunity to provide you with financial information about your local government. I am always interested in your questions in regard to the financial operations of Imperial County. Prior to coming to the County I was a Controller in a local CPA firm and worked for a number of years as a Controller in banks. I serve on several committees including the Imperial County Treasury Oversight Committee and the Imperial County Debt Management Committee. I also participate in other financially related committees at the county level, including the budget process. We have installed a new financial accounting system providing us with better information about the performance of the County, as well as, providing a better service to the residents in the County.

QUESTIONS?



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