



*Cal* OES

GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

# State 9-1-1 Reimbursement Guidelines

# Presentation Overview

- Guidelines/Policies of Annual Training Allotment (ATA)
- What is Annual Training Allotment (ATA) reimbursement
- Types of ATA reimbursement available
- State approved reimbursement expenses
- Putting together a reimbursement packet
- Forms required for reimbursement
- ATA reimbursement to an individual

# ATA Approval Guidelines/Policies

- Authorization to utilize ATA funds must support PSAP Operations statewide
- Meetings such as CALNENA, NAPCO, CPRA, agendas are reviewed to ensure topics support PSAP Operations
- POST Training Courses must support PSAP Operations **AND** be submitted as POST Plan N/A – No POST reimbursement
- Reimbursement to agency may or may not go directly back to agency. **That is controlled by agency, not the CA 9-1-1 Branch.**

# Annual Training Allotment (ATA)

- Each PSAP and the 9-1-1 County Coordinators may be reimbursed up to \$10,000 per state fiscal year (July 1 through June 30) for specifically defined 9-1-1 related training that is held within the State of California within that fiscal year . **The unspent ATA balance cannot be applied to the next fiscal year.**
- After ATA balance is exceeded all subsequent claims will NOT be reimbursed.

# What Trainings Are Reimbursable?

- The CA 9-1-1 Branch will issue advance notification of pre-approved specifically defined 9-1-1 related training.
- If notification of a specific 9-1-1 related training is not published and posted on the CA 9-1-1 Branch website, then pre-approval by the CA 9-1-1 Branch will be required.
- All approved ATA branch notices can be found on the Caloes.ca.gov website at: [Public Safety Communications CA 9-1-1 Notices](#)

# Types of Reimbursement Expenses

- Event registration for all **APPROVED** Pre-Conference Courses and Annual Training
- Hotel
- Parking (self-parking, not valet)
- Transportation (airfare; car rental/gasoline; train, Uber; shuttle; taxi)
- Agency vehicles may not submit mileage, but may submit gas receipts
- Mileage can be reimbursed for personal vehicle use (map and written directions must be included)
- Meals (that are not included in the event according to the State published rate)
- Wages of event participation, not to exceed 8 hours per day, **no overtime**
  - Agency may pay overtime, however, this is not reimbursable using ATA funds.

# No Third-Party Vendors

- The State Controller's Office (SCO) has established strict requirements for reimbursement of employee travel paid to third party vendors. Third party vendors are defined as individuals or organizations other than the principals involved in business transactions. Payments are made to third parties, not directly to the individuals or businesses providing the goods or services.
- **Third party vendors include, but are not limited to, Internet companies such as Priceline.com, Expedia.com, Travelocity.com, Hotels.com, etc.** The California Department of Human Resources (CalHR) has strongly advised that State travelers use a Department of General Services (DGS) approved travel agency to make travel arrangements (Concur).

# Meals For Travels Lasting 24hrs

For travel lasting 24 hours or more, employees may claim meals based on the following timeframes:

## •**First day of travel:**

- Trip begins at or before 6 am - Breakfast may be claimed
- Trip begins at or before 11 am - Lunch may be claimed
- Trip begins at or before 5 pm - Dinner may be claimed

## •**Continuing travel after 24 hours:**

- Trip ends at or after 8 am - Breakfast may be claimed
- Trip ends at or after 2 pm - Lunch may be claimed
- Trip ends at or after 7 pm - Dinner may be claimed



# Meals During Fractional Day Travel

- **Fractional day travel (trips less than 24 hours):**

- Trip begins at or before 6 am and ends at or after 9 am - Breakfast may be claimed
- Trip begins at or before 4 pm and ends at or after 7 pm - Dinner may be claimed

**Employees may not claim lunch or incidentals on one-day trips.** When trips are less than 24 hours and there's no overnight stay, meals claimed are taxable.

Employees may not claim meals provided by the state, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals. Tips are not reimbursable.

# Meals & Incidentals Expense

Expense	Reimbursement for Actual Expense
Breakfast	Up to \$7
Lunch	Up to \$11
Dinner	Up to \$23
Incidentals	Up to \$5

# Lodging Reimbursement

- **State does not reimburse for third party vendor confirmations/receipts (Priceline.com, Hotels.com, etc.)**
- Itemized receipts are required for all lodging expenses and must be generated by the commercial establishment.
- The receipt needs to include:
  - The name and address of the hotel
  - The employee's check-in date, check-out date
  - An itemization of expenses incurred, and payment made.

# Lodging Reimbursement Rates

County	Maximum Lodging Reimbursement Rate
All counties except those listed below	\$90
Sacramento, Napa, Riverside	\$95
Marin	\$110
Los Angeles, Orange, Ventura & Edwards AFB, excluding the city of Santa Monica	\$120
San Diego, Monterey	\$125
Alameda, San Mateo, Santa Clara	\$140
City of Santa Monica	\$150
San Francisco	\$250



# Allowable Reimbursable Expenses

## TRANSPORTATION :

- Reimbursement expenses will be based on the method of transportation that is in the best interest of the state, considering both direct expense and the employee's time
- Allowable forms of transportation include:
  - Airline fare
  - Airport Parking
  - Car Rental
  - Taxi/Uber/Lyft – Tips are not reimbursable
  - Tolls
  - Train

**Please note:** Receipts and itineraries are required to be included in requests for reimbursement.

# Mileage Reimbursement

## **MILEAGE:**

- Personal Vehicle \$0.58

## **Car Rental Rates**

- The [Mileage Reimbursement Calculator](#) assists you in determining whether renting a vehicle or using a personal car is the most cost-effective method of transportation!
- The Travel department performs a cost comparison for mileage vs cost of rental car from Enterprise and reimburses the lesser.

Further information can be found at: [Travel Reimbursements - CalHR](#)

# Reimbursement Packet

To ensure reimbursement payments are made in a timely manner the following **MUST** be included in the packet in the order shown below:

- TDe – 290 – Reimbursement Claim Form
- TDe – 290A Reimbursement Claim **AND** Task Activity Detail (page 2)
- Receipts and Itineraries
- ATA Course Requirements
  - PAID invoices from course provider
  - Training Certificates

# TDe-290 Reimbursement Form

<b>State of California, California 9-1-1 Emergency Communications Branch (CA 9-1-1 Branch)</b> <b>REIMBURSEMENT CLAIM</b> <b>TDe-290</b> (Rev. 7/2014) <small>Complete Form Electronically</small>														
Public Agency:		U.S. Mail Form to: Public Safety Communications, CA 9-1-1 Branch 601 Sequoia Pacific Blvd., MS-911 Sacramento, CA 95811-0231 (916) 657-9369												
<b>Public Agency Address:</b>		<b>Accounts Payable Name and Address</b>												
<b>City, State, Zi</b>														
<b>PSAP Manager:</b>														
<b>E-mail Address:</b>														
<b>Phone Number:</b>														
<b>Fax Number:</b>														
<b>Type of Reimbursement Claim:</b> <i>All reimbursement claims must be submitted no later than ninety (90) calendar days</i> <input type="checkbox"/> I have attended and participated in the training event. Must check if filing Annual Training Allotment (ATA) claim <input type="checkbox"/> Annual Training Allotment - CC <input type="checkbox"/> Annual Training Allotment - PSAP <input type="checkbox"/> CPE Equipment <input type="checkbox"/> County Coordinator Expenses <input type="checkbox"/> Education Materials <input type="checkbox"/> CPE Maintenance <input type="checkbox"/> County Coordinator Task Force <input type="checkbox"/> Other:														
<b>Description of equipment and services being submitted for reimbursement in accordance with CA 9-1-1 Branch Operations Manual, Chapter III (Rev. 2014):</b>														
Please provide itemized, detailed receipt copies for each person named as a claimant and item claimed		Issued by the CA 9-1-1 Branch	Please provide date range(s)	Amount claimed per item description		CA 9-1-1 Branch Use Only								
<b>Description</b>		<b>Tracking#</b>	<b>Time Period of Claim</b>	<b>Total Cost Per Item</b>	<b>Amount Approved</b>									
<b>REIMBURSEMENT CLAIM TOTAL</b>														
<i>I declare under penalty of perjury that the amount requested for each reimbursement is correct and is a legitimate claim for reimbursement from the CA 9-1-1 Branch, State Emergency Telephone Number Account.</i>														
<b>FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY</b> <small>(other than claimant named for reimbursement)</small>		<b>Name:</b> _____ <b>Signature:</b> _____ <b>Address:</b> _____ <b>Email:</b> _____	<b>Title:</b> _____ <b>Date:</b> _____ <b>Phone:</b> _____	The financial official for your agency should be entered here with a hand signature on the original form. This <b>cannot</b> be a person named as a claimant in the claim. Signature is required for claim consideration.										
<b>CA 9-1-1 Branch Use Only</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>RECOMMENDED</th> <th>PSAP</th> <th>Date</th> <th>APPROVED BY</th> <th>Date</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	RECOMMENDED	PSAP	Date	APPROVED BY	Date									
RECOMMENDED	PSAP	Date	APPROVED BY	Date										
<b>PCA: 17000</b> <b>Index: 7350</b>		<b>Fiscal Year:</b> _____ <b>Object Code: 702.</b> <b>Vendor Number:</b> _____	<b>Approved Amount:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____											

### TDe-290 Instructions

**1**

Public Agency: Address: City, State, Zi: PSAP Manager: E-mail Address: Phone Number: Fax Number:

Enter the name of your Agency, address, PSAP manager's name, email, phone, and fax number in this section.

Accounts Payable Name and Address:

Enter the name of your Accounts Payable information if different from Public Agency.

**2**

Type of Reimbursement Claim: *All reimbursement claims must be submitted no later than ninety (90) calendar days after the close of the fiscal year in which funds have been expended.*

I have attended and participated in the training event. Must check if filing Annual Training Allotment (ATA) claim  
 Annual Training Allotment - CC       Annual Training Allotment - PSAP  
 CPE Equipment       County Coordinator Expenses       Education Materials  
 CPE Maintenance       County Coordinator Task Force       Other:

Specify claim type by clicking on the appropriate box. Expense claims are separate from Annual Training Allotment - County Coordinator (ATA-CC) claims and should be filed separately from each other. Check only one box. Attach supporting documents that support only that claim.

If your claim does not have a box to check, then check **Other**. Just to the right is the box space for you to type in exactly what type of claim it is.

**3**

Description of equipment and services being submitted for reimbursement in accordance with CA 9-1-1 Branch Operations Manual, Chapter III (Rev. 2014):

Describe the equipment and or service to be reimbursed in compliance with the CA 9-1-1 Branch Operations Manual, Chapter III in this section.

**4**

Please provide itemized, detailed receipt copies for each person named as a claimant and item claimed	Issued by the CA 9-1-1 Branch	Please provide date range(s)	Amount claimed per item description	CA 9-1-1 Branch Use Only
Description	Tracking#	Time Period of Claim	Total Cost Per Item	Amount Approved
<b>REIMBURSEMENT CLAIM TOTAL</b>				

The grey shaded area is for the CA 9-1-1 Branch use only. Please do not enter anything in this area.

If CA 9-1-1 Branch has issued a TD-299 form - enter the number in this section. Otherwise leave this blank.

Enter the date range(s) of this claim here.

Enter the amount paid per item to be reimbursed. The total dollar amount will automatically add totals at the bottom of the column.

**5**

*I declare under penalty of perjury that the amount requested for each reimbursement is correct and is a legitimate claim for reimbursement from the CA 9-1-1 Branch, State Emergency Telephone Number Account.*

<b>FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY</b> <small>(other than claimant named for reimbursement)</small>	<b>Name:</b> _____ <b>Signature:</b> _____ <b>Address:</b> _____ <b>Email:</b> _____	<b>Title:</b> _____ <b>Date:</b> _____ <b>Phone:</b> _____
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The completed form must be U.S. Mailed to:  
**Public Safety Communications**  
**CA 9-1-1 Branch**  
**601 Sequoia Pacific Blvd, MS-911**  
**Sacramento, CA 95811-0231**

If you have any questions at all about how to complete this form please contact the Reimbursement Claim Coordinator at the CA 9-1-1 Branch. (916) 657-9369 M-F, 8am-5pm

TDe-290 Instructions (Rev. 7/2014)





# Completed TDe-290 Reimbursement Form

## State of California, California 9-1-1 Emergency Communications Branch (CA 9-1-1 Branch)

### REIMBURSEMENT CLAIM

TDe-290 (Rev.7/2014)

Complete form electronically

U.S. Mail form to: Public Safety Communications, CA 9-1-1 Branch

601 Sequoia Pacific Blvd., MS-911

Sacramento, CA 95811-0231

(916) 657-9369

<b>Public Agency:</b> Sir Louis Sheriff's Department	<b>Accounts Payable Name and Address</b>
<b>Address:</b> 2018 Doggy Treats Ave	Sir Louis Sheriff's Department
<b>City, State, Zip:</b> Fancypaws, CA, 90210	2018 Doggy Treats Ave
<b>PSAP Manager:</b> Pom Shepherd	Fancypaws, CA, 90210
<b>E-mail Address:</b> barksallday@SLSD.gov	
<b>Phone Number:</b> 555-123-4689	
<b>Fax Number:</b>	

**Type of Reimbursement Claim:** *All reimbursement claims must be submitted no later than ninety (90) calendar days after the close of the State fiscal year in which funds have been expended.*

Annual Training Allotment - CC       Annual Training Allotment - PSAP  
 I have attended and participated in the training event.      Must check if filing Annual Training Allotment (ATA) claim

CPE Equipment       County Coordinator Expenses       Education Materials  
 CPE Maintenance       County Coordinator Task Force       Other:

**Description of equipment and services being submitted for reimbursement in accordance with CA 9-1-1 Branch Operations Manual, Chapter III (Rev. 2014):**

Please provide itemized, detailed receipt copies for each person named as a claimant and item claimed	Issued by the CA 9-1-1 Branch	Please provide date range(s)	Amount claimed per item description	CA 9-1-1 Branch Use Only
Description	Tracking#	Time Period of Claim	Total Cost Per Item	Amount Approved
CC Duties		Jan - June 2022	\$\$\$\$	
CALNENA Lodging		2/27/22 - 3/3/22	\$\$\$\$	
<b>REIMBURSEMENT CLAIM TOTAL</b>			-	


*I declare under penalty of perjury that the amount requested for each reimbursement is correct and is a legitimate claim for reimbursement from the CA 9-1-1 Branch, State Emergency Telephone Number Account.*

<b>FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY</b> (other than claimant named for reimbursement)	<b>Name:</b>	<b>Title:</b>
	<b>Signature:</b>	<b>Date:</b>
	<b>Address:</b>	
	<b>Email:</b>	<b>Phone:</b>



# Invoices

## Not Paid Invoice



**KIM TURNER, LLC**  
KIM TURNER  
3200 Guasti Road  
Suite 100  
Ontario, CA 91761  
United States  
Phone: 951-203-6472  
kim@thekimturner.com  
https://www.TheKimTurner.com

### INVOICE

Invoice #: [REDACTED]  
Invoice Date: Aug 4, 2020  
Due date: Sep 12, 2020

Amount due:  
**\$125.00**


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Bill To:  
[REDACTED]

Description	Quantity	Price	Amount
Active Shooter Situations - Saturday, September 12, 2020 COURSE LOCATION: Hosted by Newport Beach PD Course is a live presentation online  COURSE DATE & TIME: Saturday, September 12, 2020 0800-1700 hours	1	\$125.00	\$125.00
POST COURSE CONTROL NUMBER 1301-30911-20-009    STC - 05262130			
REGISTERED STUDENT(S): [REDACTED]			
Please, see the cancellation policy before submitting payment.			
		Subtotal	\$125.00
		Discount (0%)	\$0.00
		<b>Total</b>	<b>\$125.00 USD</b>

Attachments\_VIRTUAL Active Shooter NEWPORT BEACH PD 09.12.2020.pdf

## Paid Invoice




**KIM TURNER, LLC**  
KIM TURNER  
3200 Guasti Road  
Suite 100  
Ontario, CA 91761  
United States  
Phone: 951-203-6472  
kim@thekimturner.com  
https://www.TheKimTurner.com

### INVOICE

Paid

Invoice #: [REDACTED]  
Invoice Date: Nov 10, 2020

Amount due:  
**\$0.00**



Scan. Pay. Go



# Wage Claim for PSAPs

PSAPs claiming reimbursement for wages **must complete** a REIMBURSEMENT CLAIM SUPPORT DOCUMENT (TD-290A) form, line items A, B, C, D, E, F, G, corresponding to items A, B, C, D, E, F, G, as outlined in the PSAP 9-1-1 EXPENSES FUNDING POLICY with the number of hours on the appropriate date for each activity. (All hours for reimbursable wireless related activities must be claimed using line item C.)

The TD-290A form may viewed or downloaded from the CA 9-1-1 Branch website as follows:

<http://www.caloes.ca.gov/cal-oes-divisions/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-9-1-1-forms>

# TD-290A Reimbursement Form

State of California <b>REIMBURSEMENT CLAIM SUPPORT DOCUMENT</b> TDe-290A (REV 07/2014)	<b>California 9-1-1 Emergency Communications Branch</b> U.S. Mail form to: Public Safety Communications 601 Sequoia Pacific Blvd. MS-911 Sacramento, CA 95811-0231 (916) 657-9369																																	
Public Agency:	Claimant Name:	Claim Month/Year:																																
I. - Duties Performed <i>(Please specify hours spent by this individual performing activities within an authorized task category per day)</i>																																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
A																																	0	
B																																	0	
C																																	0	
D																																	0	
E																																	0	
F																																	0	
G																																	0	
<b>Total Hours</b>																														<b>0</b>				
TASK ACTIVITY CATEGORIES <i>(as defined in the 9-1-1 Operations Manual, Chapter III, revised 2014)</i> A - 9-1-1 County Coordinator - Coordination of ESN assignments for 9-1-1 call delivery - <i>Please list detail of activities by date on reverse side of this form.</i> B - 9-1-1 County Coordinator - Coordination of 9-1-1 related activities to PSAPs - <i>Please list detail of activities by date on reverse side of this form.</i> C - 9-1-1 County Coordinator - Coordination of 9-1-1 wireless related activities - <i>Please list detail of activities by date on reverse side of this form.</i> D - 9-1-1 County Coordinator - County Coordinator Task Force (CCTF) related activities - (pre-approval required) - <i>Please list detail of activities by date on reverse side of this form.</i> E - Special meeting / projects / training - (pre-approval required) F - Countywide PSAP Manager's meeting - (pre-approval required) G - Annual Training Allotment (ATA) - (pre-approval required)																																		
Total Hours:																x	Hourly Rate:											=	\$0.00					
II. - Mileage <i>(Please identify total miles for day corresponding with above task activity category) Attach a mapping document to support mileage.</i>																																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Total Miles:																X	Mileage Rate:											=	\$0.00					
I declare under penalty of perjury that the time and mileage identified in the task activity categories noted above were performed as defined in the 9-1-1 Operations Manual, Chapter III, revision 2014.																																		
<b>RESPONSIBLE OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY</b>															Name:										Title:									
															Signature:										Date:									
															Email:										Phone:									



# TD-290A Task Activity Detail

**TASK ACTIVITY DETAIL**  
*Please list the date, the number of hours, and a description of the tasks performed as listed on the front side of this form.*

DATE	# HOURS	ACTIVITY DESCRIPTION	DATE	# HOURS	ACTIVITY DESCRIPTION



# ATA Reimbursement to an Individual

- Reimbursement to an individual is deducted from agency ATA \$10,000
- Direct reimbursement of all travel related expenses
- Training course reimbursement cannot be made to an individual due to State training approval processes.
- The agency is required to track their ATA budget, to include reimbursements from individuals
- The agency employee is required to pay all expenses directly and submit for reimbursement
- Reimbursement will go back directly to the individual
- Direct reimbursement is subject to all State of California travel guidelines
- Forms required for reimbursement:
  - STD – 204 – Payee Data Record (to set up as payee with State Controllers Office)
  - STD – 262 – Travel Expense Claim

# STD204-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 or W-7)  
 STD 264 (Rev. 03/2021)

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**Section 1 - Payee Information**

**NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (if different from above)

**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

**CITY, STATE, ZIP CODE** **E-MAIL ADDRESS**

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**Section 2 - Entity Type**

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

<input type="checkbox"/> <b>SOLE PROPRIETOR / INDIVIDUAL</b> <input type="checkbox"/> <b>SINGLE MEMBER LLC</b> Disregarded Entity owned by an individual <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>ESTATE OR TRUST</b>	<input type="checkbox"/> <b>CORPORATION</b> (see instructions on page 2) <input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, chiropractic, etc.) <input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services) <input type="checkbox"/> <b>EXEMPT</b> (e.g., nonprofit) <input type="checkbox"/> <b>ALL OTHERS</b>
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**Section 3 - Tax Identification Number**

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR**

**Federal Employer Identification Number (FEIN)**

\_\_\_\_\_ - \_\_\_\_\_

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**Section 4 - Payee Residency Status (See instructions)**

**CALIFORNIA RESIDENT** - Qualified to do business in California or maintains a permanent place of business in California.

**CALIFORNIA NONRESIDENT** - Payments to nonresidents for services may be subject to state income tax withholding.

No services performed in California  
 Copy of Franchise Tax Board waiver of state withholding is attached.

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**Section 5 - Certification**

*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.*

<b>NAME OF AUTHORIZED PAYEE REPRESENTATIVE</b>	<b>TITLE</b>	<b>E-MAIL ADDRESS</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>TELEPHONE</b> (include area code)

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**Section 6 - Paying State Agency**

Please return completed form to:

<b>STATE AGENCY/DEPARTMENT OFFICE</b>	<b>UNIT/SECTION</b>
<b>MAILING ADDRESS</b>	<b>FAX</b> <span style="float: right;"><b>TELEPHONE</b> (include area code)</span>
<b>CITY</b>	<b>STATE</b> <span style="float: right;"><b>ZIP CODE</b> <span style="margin-left: 20px;"><b>E-MAIL ADDRESS</b></span></span>



# STD262-Travel Expense Claim

Clear		Print		Important Note									
STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION			See Instructions and Policy Statement On Reverse Side										
<b>TRAVEL EXPENSE CLAIM</b>			Page _____ of _____ Pages										
CLAMANT'S NAME		SERIAL EMPLOYEE NUMBER		DEPARTMENT									
POSITION		DIVISION/BUREAU		FUND NUMBER									
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS		TELEPHONE NUMBER									
CITY STATE ZIP CODE		CITY STATE ZIP CODE		CITY STATE ZIP CODE									
(1) NORMAL WORK HOURS		(2) PRIVATE VEHICLE LICENSE NUMBER		(3) MILEAGE RATE CLAIMED									
(4) MONTH	(5) LOCATION WHERE EXPENSES WERE INCURRED	(6) LOOKING	(7) MEALS			(8) G.T. LIT, PAC, BELLS, OR OTHER	(9) TRANSPORTATION			(10) BUSINESS EXPENSE	(11) TOTAL EXPENSE FOR DAY		
			(A) BREAK	(B) FAST	(C) LUNCH		(A) Tolls	(B) COST OF TRAVEL	(C) TYPE USED			(1) CAR FARE, TOLLS, PARKING	(2) MILES
DATE	TIME										0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
<b>CLAIM TOTAL</b>											\$0.00		
(1) PURPOSE OF TRIP, REASON AND DETAILS (attach separate sheet when required)										AGENCY ACCOUNTING OFFICE USE ONLY			
										PAD BY RECEIVING FUND CHECK NUMBER			
										PAD BY RECEIVING FUND CHECK NUMBER			
(2) 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 charges were raised for tolls, etc., and if the vehicle was required to or greater than the rate set and, and that I have not the expense as provided by SAN Section 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and cost of use.													
CLAMANT'S SIGNATURE					DATE		(3) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT					DATE	
(4) PERSONAL EXPENSE AUTHORIZATION - SIGNATURE and T.E.S. (see form if necessary)										DATE			



# Reimbursement Policy

## Timely Submission of Claims

- All reimbursement claims **must be** submitted on an annual, semi-annual, or quarterly basis each fiscal year (July 1 through June 30) and must be submitted no later than ninety (90) calendar days (September 30) after the close of the fiscal year in which funds have been expended

# Reimbursement Links for Travel

## State Travel Rates:

<https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>

<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std262.pdf>

<https://www.caloes.ca.gov/PublicSafetyCommunicationsSite/Documents/004-ChapterIIIFunding.pdf>

<https://www.caloes.ca.gov/PublicSafetyCommunicationsSite/Documents/009-ChapterVIII.pdf>

To access TDe-290, Reimbursement Claim (Rev. 07/2014 and TDe290A, Reimbursement Claim Support Document (Rev. 07/2014):

<https://www.caloes.ca.gov/cal-oes-divisions/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-9-1-1-forms>

# ATA Reimbursement

Questions? Contact CalOES 9-1-1 Branch