

IHSS Training Participant Travel Reimbursement **Individual Training Participants - or - Counties Seeking** **Reimbursement for Employee’s Travel to participate in IHSS Training**

In May 2016, the California Department of Social Services/Adult Services partners released a memo to all county IHSS managers to specify the circumstances under which travel reimbursement will be extended to cover expenses incurred by participants in trainings conducted by the IHSS Training Academy at San Diego State University. (Please see Attachment A which is a copy of the memo that lays out specific detail.) In July 2016, CDSS released the CDSS pre-approval form. (see Attachment B)

In short, **only mileage and hotel are reimbursed** (at state rate—see Attachment C) when a training participant’s place of business is more than 50 miles one way away from the training venue. A map, substantiating the distance of 50 miles or more between work address and training location must be attached to all reimbursements.

In general, this includes:

- **Mileage and Parking** to and from training venue that is over 50 miles one way from the participant’s place of business
- **Hotel** for overnight stays (the day prior to each training day or meeting) when travel is over 50 miles one way and start time requires overnight stay
- **Airfare, Rail, Meals, and Incidentals** are not covered

Please note that original receipts and original signatures are required for reimbursement of travel. Individual participants or their counties will be reimbursed for up to actual expenses, not to exceed state rate guidelines in Attachment C.

Individual training participants or their county must book and pay for their own/employee’s travel. IHSS Training Academy staff is not able to book hotel rooms for training participants.

When Prior Approval is/is not Required from CDSS:

- If travel is 50 miles or more within the same region, no prior approval required.
- If travel is over 50 miles one way and the participant is traveling from the region where their place of business is located to a different region in which the training is taking place, prior CDSS approval is required. Approval form/email must be attached when submitting reimbursement request.

(See Attachment B for CDSS pre-approval form; Attachment D for IHSS Regional Map)

Travel Reimbursement Procedures

Step 1: Secure Necessary Forms (Individual and Counties)

The Vendor Information Form, as well as Travel Reimbursement Forms and IHSS Templates will be provided to you for this fiscal year 15/16 and for any future fiscal years. If you prefer, you may download the forms using this link: <http://www.foundation.sdsu.edu/forms/index.html#ap>

Forms to Download:

1. Vendor Information Form- STANDARD FORMAT
2. Travel Reimbursement Request Form 2016-STANDARD FORMAT
3. Mileage Reimbursement Form 2016-STANDARD FORMAT

Step 1a: Print a map showing the distance of your work address to the training location.

A printout of a map must be attached to all reimbursement requests.

Step 2: Complete and Return the Vendor Information Form (Individual and Counties)

Individuals requesting reimbursement for their travel, and counties requesting reimbursement for expenses incurred by employees to attend IHSS Academy training, must complete a Vendor Information Form (VIF). (See Attachment E) Counties must only submit one VIF for their County.

On the right hand side of the form under “Vendor Activity” please check “OTHER” and insert “Reimbursement for travel to IHSS training”. Individuals/Counties must submit a VIF only once, or when information changes.

San Diego State University requires this information from all individuals and counties seeking reimbursement in order to responsibly document and track payments. Although this document states it is in lieu of a W9, travel reimbursement is not a taxable income.

Once completed, the VIF can be submitted with the reimbursement paperwork or be mailed/ faxed directly to the Foundation::

SDSU Research Foundation Purchasing Department
5250 Campanile Drive San Diego, CA 92182-1946
Fax: (619) 594-4212 Phone: (619) 594-6891

Step 2a: Complete and Return the Travel Reimbursement –or—Mileage Reimbursement Form (Individuals ONLY)

The *Travel Reimbursement Form 2016* is used in most circumstances. The *Mileage Reimbursement Form* is used when the only expense a participant is requesting reimbursement for is mileage using a personal vehicle (for example travel to a training over 50 miles one way on a single day—no hotel claimed).

NOTE: The Travel Reimbursement Form will include mileage when other travel expenses are also incurred.

Instructions for completing the Travel Reimbursement Form 2016:

PLEASE SIGN THIS FORM UNDER SIGNATURE OF TRAVELER.

Attachment F is the travel reimbursement form, customized for IHSS. Please note highlights in yellow that indicate the areas that the traveler must fill out. Pink areas are not applicable for IHSS.

Instructions for completing the Mileage Reimbursement Form 2016:

PLEASE SIGN THIS FORM UNDER SIGNATURE OF TRAVELER.

See Attachment G for the mileage reimbursement form, customized for IHSS and note highlights in yellow that indicate the areas that the traveler must fill out.

Step 2b: Prepare one invoice for all training participants from one County (Counties ONLY)

Counties should use their own established process for travel advances and/or reimbursement to individual employees who participate in IHSS trainings. Then request reimbursement for mileage and/or hotel stays within the state rate that you paid for employees by submitting an invoice that includes:

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Payable to: Name & Address▪ Person submitting form with contact information▪ Full Name(s) of employees for whom reimbursement is requested | <ul style="list-style-type: none">▪ Date & Location of IHSS training attended by employees listed▪ Itemized listing of charges for mileage and hotel up to state rate▪ Original receipts |
|--|--|

Step 3: Attach required documentation; Make a copy for your records; and Submit (Individual and Counties)

As previously noted, original receipts must be attached. For any receipt smaller than 8 ½ x 11, please tape to an 8 ½ x 11 sheet of paper. CDSS approval form/email must be included as well. Sign and date as indicated.

It is highly suggested that you make and retain a copy for your own records.

Individuals may submit completed travel reimbursement to their respective Regional Coordinator on-site at the completion of a training/meeting or mail appropriate travel reimbursement form and receipts *within two weeks of training completion* to the Program Manager (Counties must mail or fax the VIF to SDSURF and/or mail it with the invoice):

Angelica Oberleithner, Program Manager
IHSS Statewide Training Academy
Social Policy Institute
SDSU School of Social Work
6505 Alvarado Road, Suite 112
San Diego, CA 92120

Attachment A

State of California Travel Reimbursement Guidelines Memo



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

May 11, 2016

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) COUNTY SOCIAL SERVICES STAFF

FROM: CARRIE STONE, CHIEF
QUALITY ASSURANCE & IMPROVEMENT BUREAU

SUBJECT: IHSS TRAINING ACADEMY (IHSSTA) TRAVEL REIMBURSEMENT

The California Department of Social Services (CDSS), Adult Programs Division (APD), Quality Assurance and Improvement Bureau (QA&IB), Training and Development Unit (T&DU), provides the following general travel reimbursement guidelines for county social services staff when participating in IHSSTA classes. The following information will help ensure the appropriate county social services staff attend IHSSTA trainings in the most cost-effective manner.

- Know which region your county belongs to in order to attend the appropriate trainings in your region (see attached regional map).
- Travel reimbursement is authorized under certain circumstances by CDSS and is restricted to mileage and lodging. County social services staff will be reimbursed in accordance with State travel reimbursement rules and policies as specified below.
 - If the training participant must travel 50 miles or more one way within their region, travel will be reimbursed by San Diego State University Research Foundation (SDSURF). No prior CDSS approval required.
 - If the participant needs to travel more than 50 miles one way **and** the training falls outside the participant's region, travel reimbursement (mileage and/or lodging) requires CDSS' pre-approval. (Requests should be made directly to CDSS, who will inform requestor and the IHSSTA of their decision.)

Travel Reimbursement Process

- SDSURF will provide a Travel Reimbursement Claim form to each county participant at the training site. (Hotel reservations, if needed—and pre-approved by CDSS—are to be made by the training participant, or through the county process. SDSURF does not make hotel reservations for training participants.)
- All claims must be submitted directly to SDSURF with the original receipts attached at the final day of training or no later than two weeks after completion of training.

Travel Reimbursement Pre-Approval Process

- If county social services staff need to attend training outside of their region due to a conflict in their schedule and/or because there are a limited number of available trainings remaining that fall outside of their region, an approval request must be obtained from CDSS within two weeks of the training start date, or sooner. These requests must be sent to IHSS-Training@dss.ca.gov, and include the following components (see attachment B - CDSS pre-approval form):
 - Reason for the request;
 - Which region the individual resides in (including the address of the county IHSS office where s/he works);
 - Which region s/he is requesting to attend the training in;
 - Whether *mileage only* or mileage **and** lodging reimbursement are requested.
 - Upon receiving the approval from CDSS, email notification will be provided to SDSURF and the county social services participant to coordinate the process for travel reimbursement.

Additional questions and/or concerns may be emailed to IHSS-Training@dss.ca.gov.

ATTACHMENT B
In Home Supportive Services (IHSS) Training Academy
Travel Reimbursement Pre-Approval Request Form

Please complete this form and submit it to the California Department of Social Services (CDSS), Adult Programs Division, Training and Development Unit, within two weeks of the training start date, at: IHSS-Training@dss.ca.gov.

Ensure all fields are filled out to ensure timely processing.

Module: _____

Training Dates: _____

Name of Participant(s): _____

Participant Title(s): _____

Primary Role: Intake Reassessment Supervisory QA Other

Length of employment in IHSS Program: _____ Years _____ Months

Have you taken this training before: No Yes How many times? _____

County & IHSS county office address: _____

County & Training Venue address: _____

Reason for traveling outside of Region: _____

Type of Reimbursement Requested:

Mileage Only: Lodging Only: Mileage & Lodging:

Mileage Calculator: (estimate only, not final mileage)

Miles from office to training X Number of days X Number of cars = Total estimate

_____ X _____ X _____ = _____

Lodging Calculator: (estimate only, not final lodging total)

Cost of room X Number of rooms X Number of nights = Total estimate

_____ X _____ X _____ = _____

Supervisor Approval Obtained: Yes No (provide reason: _____)

Supervisor Signature:

Questions and/or concerns may be emailed to IHSS-Training@dss.ca.gov.

CDSS TO COMPLETE THIS SECTION

Approved: _____ Denied: _____

Reason Code: _____

CDSS Staff Initials: _____ Date: _____

Attachment C

State of California Travel Reimbursement Guidelines for Reimbursement of Expenses Incurred for Travel to IHSS Trainings

The following State of California reimbursement rates are maximums, not allowances. This means trainers may claim up to the amount specified. Individual and counties must provide original receipts substantiating the amount claimed.

Mileage Reimbursement Rate For 2016

- Personal Vehicle - **54 cents per mile**

Lodging Reimbursement Rates:

- Training participants who incur approved overnight lodging expenses may be reimbursed.
- Training participants must stay at a commercial lodging establishment catering to short-term travelers, such as a hotel, motel, bed and breakfast, public campground, etc.
- Training participants must provide a receipt to claim reimbursement; no reimbursement will be paid without a receipt.
- Please make sure that any hotel/lodging receipts show the amount paid but also shows a \$0.00 balance on it.

STATE OF CALIFORNIA RATES FOR LODGING:

All Counties/Cities located in California (except as noted below):

Actual lodging expense, supported by a receipt, up to **\$90** per night, plus tax.

Napa, Riverside, and Sacramento Counties:

Actual lodging expense, supported by a receipt, up to **\$95** per night, plus tax.

Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:

Actual lodging expense, supported by a receipt, up to **\$120** per night, plus tax.

Monterey, San Diego Counties:

Actual lodging expense, supported by a receipt, up to **\$125** per night, plus tax.

Alameda, San Mateo, Santa Clara Counties:

Actual lodging expense, supported by a receipt, up to **\$140** per night, plus tax.

City of Santa Monica:

Actual lodging expense, supported by a receipt, up to **\$150** per night, plus tax.

San Francisco County:

Actual lodging expense, supported by a receipt, up to **\$250** per night, plus tax.

Attachment D
IHSS Regional Map

California



Attachment E
Vendor Information Form 2016—Blank Template

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

VENDOR INFORMATION FORM

(This form is required in order to do business with SDSURF and is used in lieu of IRS Form W-9)

To protect your information, please mail or fax this completed form to:

SDSU Research Foundation
Purchasing Department
5250 Campanile Drive
San Diego, CA 92182-1946
Fax: (619) 594-4212 Phone: (619) 594-6891

General Business Information (Form instructions see pages 3 & 4)

Name of Business, Organization, or Name of Person (if payment is to an individual):

Trade Name (DBA):

Mailing Address (if remit and physical addresses are different, please provide on a separate sheet):

City: State: Zip:

Telephone No.: Fax No.: Toll Free No.:

Business License No./State: What are your standard payment terms (e.g. net 30)?

E-mail Address: Web Address:

Do you accept credit cards? Yes No If Sole Proprietor, Name of Owner:

Vendor Type/Residency Status Vendor Activity

CORPORATION

(Enter Federal Employer Identification Number)

□ □ □ □ □ □ □ □ □ □ □ □

LIMITED LIABILITY COMPANY (LLC)

(Enter Federal Employer Identification Number)

□ □ □ □ □ □ □ □ □ □ □ □

Resident Non Resident (see instructions)

PARTNERSHIP

(Enter Federal Employer Identification Number)

□ □ □ □ □ □ □ □ □ □ □ □

Resident Non Resident (see instructions)

INDIVIDUAL/SOLE PROPRIETOR

(Enter Social Security Account Number, Not FEIN)

□ □ □ □ □ □ □ □ □ □ □ □

Resident Non Resident (see instructions)

SDSU/SDSURF

(Faculty/Staff/Student/Alumni - Enter Red ID)

□ □ □ □ □ □ □ □ □ □ □ □

ESTATE OR TRUST

(Enter Federal Employer Identification Number)

□ □ □ □ □ □ □ □ □ □ □ □

Resident (Estate) - Decedent was a CA resident at time of death

Resident (Trust) - At least one trustee is a CA resident

Non Resident (see instructions)

MEDICAL SERVICES (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)

ATTORNEY FEES

SERVICES (non-medical)

EQUIPMENT/SUPPLIES

RENT

NON-EMPLOYEE COMPENSATION (including services, maintenance, construction, etc.)

INTEREST (exempt from withholding)

ROYALTIES

PRIZES AND AWARDS

LEGAL SETTLEMENT

OTHER (specify) _____

Conflict of Interest

Does any individual employed by San Diego State University (SDSU) or San Diego State University Research Foundation (SDSURF) have a significant interest** in your business? Yes No

**This includes any situation where an SDSU or SDSURF employee and/or his or her spouse or child has a connection to the above referenced vendor; however, student relationships are not considered. A conflict of interest is one that a reasonable person would think may appear to compromise the open, competitive process.

If conflict of interest has been indicated, please complete the following section:

Employee's Name: Telephone Number:

Employee's relationship or position within company:

Business Classification - Refer to Business Classification Table for definitions (on page 4). Check all that apply.

- Large Business (LG)
- Small Business (SM)
- Small Disadvantaged Owned Business (SD) (*)
- Small Woman Owned Business (SW) (*)
- Small Veteran Owned Business (SV) (*)
- Small Service Disabled Veteran Owned Business (S2) (*)
- Historically Black College/University (HB) (*)
- Minority Institutions (MI)
- HUBZone Underutilized Business (HZ)
- Foreign Owned Business (FS)
- Other: _____

Note: (*) Include copy of certification(s).

Debarment, Suspension, and Other Responsibility Matters

- A. The vendor certifies that it and its principals:
1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
 2. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of paying person(s) for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress; and
 4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

Where the vendor is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this information form.

Substitute IRS Form W-9 Certification:

Under penalties of perjury, I hereby certify that the taxpayer identification number shown on this form is correct, and that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding as a result of a failure to report all interest or dividends, and I am a U.S. person (including a U.S. resident alien). Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN HERE Signature of U.S. Person: Date:

INSTRUCTIONS FOR VENDOR INFORMATION FORM

PURPOSE OF FORM

Section 6109 of the Internal Revenue Service (IRS) code requires you to provide your correct taxpayer identification number (TIN) to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you. San Diego State University Research Foundation requests that the Vendor Information Form be used in lieu of IRS form W-9.

DETERMINE U.S. VS FOREIGN STATUS

U.S. Person - Use this form only if you are a U.S. person (including a resident alien) to provide your correct TIN to the requestor, and when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Nonresident Alien - Do not use this form. Instead, use IRS form W-8, Certification of Foreign Status of Beneficial owner for U.S. Tax Withholding. See IRS Publication 515, "Withholding of Tax on Nonresident Aliens and Foreign Entities" for more information.

DETERMINE STATE OF CALIFORNIA RESIDENCY STATUS - RESIDENT OR NONRESIDENT

Each corporation, individual/sole proprietor, partnership, estate or trust doing business in the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An **estate** is considered a California estate if the decedent was a California resident at the time of death and at least one trustee is a California resident.

More information on residency status may be obtained by calling the Franchise Tax Board at the numbers listed below:

- From within the United States, call.....1-800-852-5711
 - From outside the United States, call..... 1-800-854-6500
 - For hearing impaired with TDD, call.....1-800-822-6568
-

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1,500 or less for the calendar year.

A nonresident vendor may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address listed below. A waiver will generally be granted when a vendor has a history of filing California returns and making timely estimated payments. If the vendor activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Withhold at Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: 916-845-4900 FAX: 916-845-4831

If the Franchise Tax Board has authorized a waiver or reduced rate of withholding, attach a copy to this form.

BUSINESS CLASSIFICATION TABLE

Business Classification	Classification Description
Large Business	A large business is a domestic business that does not meet the small business size standard as per the Small Business Administration (SBA) definition. The threshold for number of employees and revenue varies depending on the product and/or service. Refer to www.sba.gov/size in order to determine status.
Small Business	A small business concern is "one that is independently owned and operated and is not dominant in its field of operation". The Small Business Administration (SBA) has established a table of size standards matched to the North American Industrial Classification (NAICS) codes and standards. Refer to www.sba.gov/size in order to determine status. Businesses meeting the NAICS criteria may self-certify.
Small Disadvantaged Owned Business	A small disadvantaged owned business must be owned by at least one or more disadvantaged individual(s), or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more disadvantaged individual(s), and whose management and daily operations are controlled by one or more disadvantaged individual(s). Businesses meeting these criteria must be certified by a federal, state, or local government agency as having met the standards consistent with 13 CFR Part 124, Subpart B.
Small Woman Owned Business	A small woman owned business must be owned by one or more women, or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more women, and whose management and daily operations are controlled by one or more women. Businesses meeting these criteria must be certified by a federal, state, or local government agency as having met the standards criteria.
Small Veteran Owned Business	A small veteran owned business must be owned by one or more veterans, or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more veterans, and whose management and daily operations are controlled by one or more veterans. Businesses meeting these criteria must be certified by the Veterans Administration.
Small Service Disabled Veteran Owned Business	A small service disabled veteran owned business must be owned by one or more service disabled veteran(s), or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more service disabled veteran(s), and whose management and daily operations are controlled by one or more service disabled veteran(s). Businesses meeting these criteria must be certified by the Veterans Administration.
Historically Black College/University	A historically black college/university is an institution of higher education that meets the requirements of 34 CFR 608.2. Refer to U.S. Dept of Education web site www.ed.gov/about/inits/list/whhbcu/edlite-list.html for a complete listing.
Minority Institution	A minority institution is an institution of higher education that meets the requirements of the Higher Education Act of 1965, 20 U.S.C. 1135d-5(3), Section 1046(3). Refer to U.S. Dept. of Education web site www.ed.gov/about/offices/list/ocr/edlite-minorityinst-list-tab.html for a complete listing.
HUBZone	A HUBZone business is located in an underutilized business zone. The Small Business Administration (SBA) determines HUB Zones. Refer to SBA web site http://map.sba.gov/hubzone/init.asp to validate zones by entering a zip code.
Foreign Business	A foreign business is organized and exists under the laws of another country other than the U.S. The U.S. includes the 50 states, District of Columbia, Puerto Rico, Northern Marianna Islands, U.S. territories, and any other locations subject to U.S. jurisdiction.

PRIVACY ACT NOTICE

The IRS uses the taxpayer identification numbers provided on this form for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. The information may also be disclosed to other countries under a tax treaty, or to federal and state agencies to enforce federal non-tax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Attachment F

Travel Reimbursement Form 2016—Template & Instructions for Completion

SDSU RESEARCH FOUNDATION

Choose One

TRAVEL REIMBURSEMENT REQUEST 2016

Check: Mail to payee's address listed below

Direct Deposit: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request

Forward completed document to SDSURF Sponsored Research Administration, MC 1934.

TRAVELER'S LEGAL NAME*:

STREET ADDRESS: (home)

PREPARED BY:

DEPARTMENT:

SDSURF Inv #

Audit by: DE By:

PHONE #

CITY: STATE: CA ZIP: HOME PHONE #:

Are you an employee or student of SDSU or SDSURF? No Yes If Yes, Enter SDSU Red ID No: N/A

PURPOSE OF TRAVEL:

IHSS Training Participation (circle one): IHSS 101 CAC MI/PI/SH

DATE		DEPART/ RETURN	LOCATION From Office To Training	Breakfast			Incidentals	Lodging	Transportation	Registration Fees	PRIVATE CAR		Other Expenses	Daily Total	Paid By	Pre-Paid	TOTAL
M	D			Y	AM	Lunch					Dinner	Miles					
											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

Remarks/Details: *STATE RATES FOR EXCLUDED EMPLOYEES APPLY* MILEAGE: RATE FOR EXCLUDED EMPLOYEES = \$.54 PER MILE

I certify that this travel claim is a true statement of travel expenses incurred by me. I have not been reimbursed for these expenses from any other source nor have I included any expenses paid directly on my behalf from another source. I have reduced my travel claim by all amounts either advanced or prepaid using a check request, purchase order, SDSURF Corporate Travel Card, etc. If this claim includes private car use, I also certify the following: 1) I have a valid California State drivers license; 2) I have a current vehicle registration; 3) I am covered by liability insurance in at least the minimum amount prescribed by State law; and 4) my vehicle is in safe mechanical condition as required by State law.

Signature of Traveler:

Date:

* Is payee a resident alien or US Citizen?

Yes NO If "NO", complete and attach Foreign National Travel Supplement Form and other required documents.

ACCOUNTING DISTRIBUTION

FUND	ACCOUNT	AMOUNT

State Rate-Excluded Employees = \$.54/Mile

** Approved SDSURF rate effective 01/01/16 = \$.54 per mile

Prior approved SDSURF rate effective 01/01/15 - 12/31/15 = \$.575 per mile

PROJECT SIGNATURE:

DATE:

SDSURF SIGNATURE:

DATE:

TOTAL AMOUNT CLAIMED ON THIS REQUEST

0.00

LESS ADVANCES

0.00

SUMMARY

BALANCE DUE TRAVELER

0.00

BALANCE DUE SDSURF

0.00

CHECK DUE DATE:

Vendor Code

CHECK DISTRIBUTION

SDSURF pick up

from: _____ (3 initials)

**SAN DIEGO STATE RESEARCH UNIVERSITY FOUNDATION
TRAVEL REIMBURSEMENT REQUEST 2016**

(continuation sheet)

Page _____ of _____

Traveler's Legal Name _____

DATE		TRAVEL DATE(S)		DOWED EXPENSES				PAID DIRECTLY BY RF				TOTAL						
M	D	Y	DEPART/ RETURN	LOCATION TO/FROM	Breakfast	Lunch	Dinner	Incidentals	Lodging	Transportation	Registration Fees	Miles	PRIVATE CAR Amount**	Other Expenses	Daily Total	Paid By Pcard	Pre-Paid	Amount Due Traveler
													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
													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

** Approved SDSURF rate effective 01/01/16 = \$.54 per mile, Prior approved SDSURF rate effective 01/01/15 - 12/31/15 = \$.575 per mile

Remarks/Details (Cont'd):

ITEMS GREATER THAN \$25.00 ***

Attachment G
Mileage Reimbursement Form 2016—Blank Template

**SDSU RESEARCH FOUNDATION
MILEAGE REIMBURSEMENT REQUEST 2016**

SDSURF Inv #:
DE by:

CHECK ONE: **Check:** Mailed to payee's address listed below
 Direct Deposit: Payee must have direct deposit established or complete the direct deposit authorization and attach to reimbursement request

Please complete all items below and attach appropriate documentation. Sample signatures of authorized approving representatives must be on file at SDSU Research Foundation and must agree with signatures on this request. Forward completed document to SDSU Research Foundation Sponsored Research Administration, MC1934.

Payee's Legal Name:							
Address Line One:		(home)					
Address Line Two:							
City:		State:		Zip:		Phone:	
Are you an employee or a student of SDSU or SDSU Research Foundation? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					If yes, Enter SDSU Red ID Number		N/A

This form is to be completed at least monthly and pertains only to private vehicle mileage. **Please provide a detailed listing of your mileage on the reverse side of this form and enter the applicable mileage rate in the box below.** "Total Claim" is number of miles times rate per mile plus additional parking and tolls paid. Note: If a funding agency has more restrictive travel rates than SDSU Research Foundation's, the agency rates must be used.

Current approved SDSURF rate effective January 1, 2016 = \$.54 per mile
 Prior approved SDSURF rate effective 01/01/15 through 12/31/15 = \$.575 per mile

NOTE: Other rates may apply based on grant restrictions and/or may be less than the IRS approved rates.

ENTER RATE USED:	MILES CLAIMED (FROM PAGE 2)	PARKING/TOLL (FROM BELOW)	TOTAL CLAIM
\$ 0.540 Per Mile	-	\$ -	\$ -

I hereby certify that the above is a true statement of my SDSU Research Foundation business travel. If claiming an exception based on travel outside the metropolitan area, I certify that the mileage I am claiming is in excess of the number of miles I would normally drive between my residence and my normal place of work. If claiming a "home office" exception, I have attached my Certification of Eligibility for Reimbursement of Automobile Mileage – Office in Home form.

I also certify that I, 1) have a valid California drivers license, 2) have a current vehicle registration, 3) am covered by liability in at least the minimum amount prescribed by State law, and 4) my vehicle is in safe mechanical condition as required by State law.

Payee's Signature: _____ Date: _____

ACCOUNTING DISTRIBUTION

Fund	Account	%	or \$ Amount
CHECK TOTAL			\$ -

Project Signature:		Date:	
Foundation Signature:		Date:	
Additional Signature:		Date:	

Shaded areas to be completed by SDSURF staff only.

FOR EMERGENCY USE ONLY
CHECK DISTRIBUTION:
SEND TO: _____
EXT: _____
For pick-up by: _____

Vendor ID Number	P.O. or G.E. Number
Vendor Invoice Date	Check Due Date
Vendor Invoice #(15 characters, one time use):	
F P Please circle one: Final or Partial Pmt	

MILEAGE REIMBURSEMENT REQUEST (Page 2)

2016

This form is to be completed monthly and pertains only to private vehicle mileage. Do **NOT** use this form when per diem is requested. Travel reimbursements that include per diem, mileage, and all other expenses must be itemized on an SDSU Research Foundation "Travel Reimbursement Request".

M/D/Y	Departure Location	Destination Location	Purpose of Trip	Park/Toll Charges	Number of Miles
	use IHSS office location	use IHSS training location	insert type of IHSS training		
Totals (Transfer to Page 1)				-	0.0



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TRAVEL AND MILEAGE REIMBURSEMENT – ADDITIONAL GUIDANCE FOR IHSS TRAINING PARTICIPANTS

In order to process your reimbursement as quickly as possible, please make sure the following is in place:

- ✓ Adhere to state rates for hotels (per state rate policy). Original, itemized receipt must be attached.
- ✓ List every expense by day on separate rows (no lump sum for hotel when multiple nights).
- ✓ Ensure dates of training attended are listed correctly.
- ✓ Do not include meals or other expenses (other than lodging and mileage) on your travel reimbursement request form (per policy).
- ✓ Attach a map that shows the distance between your work address and the training location. This map must be attached to every reimbursement request.
- ✓ Mileage reimbursement can only be requested for use of private vehicles.
- ✓ Only request reimbursement for one individual per form and submit with original signature, certifying that all listed expenses are accurate and reflect actual costs incurred.
- ✓ Vendor Information Form (VIF):
 - Only complete once (first time you are requesting reimbursement from San Diego State University Research Foundation)
 - Individuals must use home address and complete as individual (IHSS training participant) and provide SSN (Counties complete as corporation and enter FEIN)
 - Please submit with original signature
- ✓ Direct deposit is not an option for training participant reimbursement.
- ✓ Once submitted correctly, the reimbursement process takes approximately 45 days.