



CDSS

JOHN A. WAGNER
DIRECTOR

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



ARNOLD SCHWARZENEGGER
GOVERNOR

July 16, 2010

TO: COUNTY WELFARE DIRECTORS
FOOD STAMP PROGRAM MANAGERS
COUNTY FISCAL OFFICERS

SUBJECT: STATE EXCHANGE PROGRAM (SEP) INVOICING PROCESS

Your county may participate in projects paid for by the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) through the State Exchange Program (SEP). Examples of these projects are visits to other counties and/or states to learn about their best practices. To receive reimbursement through the SEP, the county must first submit a proposal. Only approved project activities with assigned project numbers may be reimbursed with SEP funds. Other projects, such as attending the Annual Food Stamp Conference, do not require that a proposal be submitted by the county in order to be reimbursed through SEP. The process for reimbursement is otherwise the same.

Using California Department of Social Services' (CDSS) travel reimbursement guidelines, please follow the invoicing process when submitting reimbursement requests for all SEP projects. Please ensure all participants and accounting officers are aware of this process in order to prevent any delays in reimbursing the county.

At the completion of each SEP project:

- The county shall submit one (1) invoice with all the original Travel Expense Claims (TECs), receipts, and completed evaluations to the address listed below.
- All county participants will need to submit their expenses to their county accounting section for reimbursement.
- Prior to submittal to CDSS, all TECs with original receipts must be received, reviewed, and approved by County Accounting.
- Upon approval by the county, the invoice letter must have an approving county signature with the total dollar amount annotated in the invoice letter (equal to the sum of all attached TECs).

For your county to receive payment reimbursement in a timely manner, all travel expenses must be submitted within 30 days after attendance at the SEP-funded visit or project. Once the invoice is approved and processed by CDSS, the county will receive reimbursement through the state/county invoicing process for the total dollar amount on the invoice letter. The state no longer reimburses county staff directly.

Enclosed are the invoicing guidelines and instructions, a blank TEC form, and a SEP evaluation form as well as samples of each. Please note that any TECs sent without a county invoice will be promptly returned.

Completed invoices and TECs should be sent to:

Sara Perez-Tajeron
California Department of Social Services
Food Stamp Branch
Field Operations Bureau
1515 Clay Street, Suite 302 South, M.S. 28-15
Oakland, CA 94612-1446

CDSS cannot guarantee reimbursement for any SEP project or visit for which a complete SEP invoice has not been received within 90 days of the travel.

If you have questions or concerns, please contact Paul Gardes at (916) 651-9772, or via e-mail at paul.gardes@dss.ca.gov. You may also contact Lin Van, Program Analyst, at lin.van@dss.ca.gov, or by phone at (916) 657-2314.

Sincerely,

Original Document Signed By:

Christine Webb-Curtis, Chief
Food Stamp Branch

Enclosures

**2010 STATE EXCHANGE PROGRAM
INVOICE / TRAVEL EXPENSE CLAIM INSTRUCTIONS**

To receive reimbursement for travel costs incurred as part of the Federal Fiscal Year (FFY) 2010 State Exchange Program (SEP), Counties must submit an invoice to the California Department of Social Services (CDSS), Field Operations Bureau (FOB) along with Travel Expense Claims for each individual traveler as supporting documentation. Upon approval of the invoice, CDSS will reimburse the County for travel expenses associated with the approved trip using California state employee travel and reimbursement rules. Reimbursement for SEP activities cannot exceed the allocated amount identified in the approved SEP activities. Assistance in interpreting the rules and/or completing a TEC is available by calling Shawn Mainville, Program Consultant at (916) 657-3418 or Paul Gardes, Corrective Action/Management Evaluation Unit Manager at (916) 651-9772.

Allowable expenses include:

- Airfare
- Transportation costs (cabs, mileage, shuttles, etc.)
- Lodging
- Meals for each 24-hour travel period

SEP participants are to make their own travel arrangements through their county designated travel agency requesting a booking at the state government rate.

For FFY 2010, costs should be paid by the county. Counties will need to submit an invoice to CDSS for reimbursement. Please see the attached sample invoice, (enclosure 2) for an example.

Please note that CDSS does not provide advance payment for travel expenses incurred by SEP participants.

In the PCA column on the lower portion of the TEC, enter **41772** for SEP activities completed October 1 through June 30, or **41771** for activities completed July 1 through September 30. For both periods, enter **1252** in the INDEX NUMBER box in the upper right hand corner of the form.

Please be sure to attach all airline travel invoices, a SEP evaluation, and all pertinent travel receipts needed for the TEC. Receipts should be taped to a blank piece of paper. Absolutely no white-out should be used on the TEC – TECs with whiteout will be returned. Please mail invoices with copies of individual TECs within 30 days of the completion of the SEP activity to Shawn Mainville at:

Shawn Mainville
California Department of Social Services
Food Stamp Branch
Field Operations Bureau
744 P Street, M/S 8-9-32
Sacramento, CA 95814

COUNTY OF SAMPLE

HUMAN SERVICES AGENCY

October 24, 2010

Shawn Mainville, Program Consultant
California Department of Social Services
744 P Street, M.S. 8-9-32
Sacramento, CA 95814

I am sending a claim for John Doe who attended the Annual Food Stamp Conference at the Paradigm Hotel in Sacramento on September 9th and 10th, 2008.

The total amount paid by the county is \$201.00 as per the attached travel expense claim and corresponding receipts.

Please make the check payable to Sample County and mail to the address below:

800 S. Illustration Avenue
Example, CA 93009

Thank You,

Senior Accounting Officer
Social Services, Sample County

APPROVED FOR PAYMENT
INDEX – 1252
PCA – 41771

CDSS EXPENSE REIMBURSEMENT GUIDE

CALIFORNIA STATE TRAVEL PROGRAM

CONDITIONS OF TRAVEL

Reimbursement shall not be made for meals and lodging expenses incurred within 50 miles of home or headquarters. For the Annual Food Stamp Conference reimbursements shall not be made for meals and lodging incurred within 100 miles of home or headquarters.

SHORT-TERM TRAVEL – IN-STATE

Applicable when State business requires an overnight stay and the employee uses a moderately priced commercial lodging establishment (hotel, motel, bed and breakfast) that caters to the short term traveler. Also used for any day trip of less than 24 hours that does not include an overnight stay.

LODGING REMBURSEMENT RATES BY COUNTY

Los Angeles	<i>ACTUAL EXPENSE UP TO</i>	\$110.00 + tax
San Diego	“	\$110.00 + tax
Alameda	“	\$140.00 + tax
San Francisco	“	\$140.00 + tax
San Mateo	“	\$140.00 + tax
Santa Clara	“	\$140.00 + tax
All other counties	“	\$ 84.00 + tax

EXCESS (HIGHER) LODGING

An Excess Lodging Rate Request/Approval (STD 255C) must be submitted to and approved by Accounting **two weeks prior** to your trip. After you complete your trip, the approved Excess Lodging request **must** be included with your Expense Reimbursement request.

MEALS AND INCIDENTALS

EACH 24-HOUR PERIOD

Breakfast	<i>ACTUAL EXPENSE UP TO</i>	\$ 6.00
Lunch	“	\$10.00
Dinner	“	\$18.00
Incidentals	“	\$ 6.00

<http://www.documents.dgs.ca.gov/osp/pdf/std262a.pdf>

STATE EXCHANGE PROGRAM EVALUATION REPORT GUIDELINES

An Evaluation Report must be prepared and submitted for each SEP activity involving exchanges between counties or states. There is no specific format but the focus of the Report should be the benefits and knowledge gained by participating in the SEP activity or project, and how the county will use or adapt what it learned.

The following information must be included in all SEP reports:

- SEP title, date, and location
- SEP contact person's name, address, telephone, fax numbers and email address
- SEP agenda
- Name(s) of county staff that traveled to and participated in the SEP activity, their job title, the agency with which they are employed, including the address, telephone number, and email addresses
- Actual costs associated with the SEP
- An overall evaluation of the SEP function that you attended

Please forward an electronic copy as well as mail the hard copy of the report to Sara Perez-Tajeron at the addresses in the cover letter, no later than 30 days after completing the SEP activity. The Evaluation Report will be forwarded to the Food and Nutrition Service for review.

State Exchange Program Evaluation Form

Please complete this survey and return it to the CDSS, Field Operations Bureau, within 30 days of the exchange.
Thank you!

Name/Title	
Address	
E-mail	
Phone	
Fax	
Your State/County Agency	
State/County Agency Visited	
SEP Number and Actual Cost of Trip	FY 09-_____/ \$_____
Purpose and Date of Trip	

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree (why?)
Informative and helpful meeting attended and/or program observed.					
Hosting staff was helpful and knowledgeable about subject matter.					
I/we will be able to take information presented and replicate in my state/county agency.					
My/our overall satisfaction with the exchange is high and I/we will recommend changes in policy and/or activities of my state/county Food Stamp Program.					
	Yes	No	N/A		
Were you provided useful handouts and materials to be used in your state/county?					
Were your questions adequately addressed during the trip?					
Would you recommend other states/counties to visit this state's/county's program/project?					

Please describe 1-3 action (s) to be taken by your state/county FSP as a result of the exchange and a timetable: