

**CASF Rural and Urban Regional Broadband  
Consortia Grant Program**

**Administrative Manual, Version 2 (Sept. 2012)**

**Appendices A through D-6**

**APPENDIX A**

**Sample of Quarterly Report Format**

[Name of Regional Consortium]

[Name of Project]

**QUARTERLY REPORT**

Start Date:            \_\_\_/\_\_\_/2012  
 Quarter (circle one):    1Q   2Q   3Q   4Q  
 Date Report Submitted:    \_\_\_/\_\_\_/2012

| <b>Goals/<br/>Objectives<br/>(as stated in<br/>the Action<br/>Plan)</b> | <b>Activity(ies)<br/>(as stated in the<br/>Work Plan)</b>   | <b>Performance Measures</b>                                                                                                     | <b>Estimated<br/>Completion<br/>Date</b> | <b>Revised<br/>Estimated<br/>Completion<br/>Date</b> | <b>Date<br/>Completed</b> | <b>Actual<br/>Performance<br/>Results</b>            | <b>Comments<br/>(e.g. reason<br/>why actual<br/>results not<br/>meeting<br/>planned<br/>performance<br/>measures)</b> |
|-------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|---------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Goal A                                                                  | Convened meetings with community-based organizations (CBOs) | <ul style="list-style-type: none"> <li>• Conducted four (4) meetings</li> <li>• Conducted seven (7) conference calls</li> </ul> | 2/14/11                                  |                                                      | 2/14/11                   | 2 meetings conducted<br>3 conference calls conducted | Reason why performance measure was not met                                                                            |

**(END OF ATTACHMENT )**

# Appendix B

QUARTERLY REPORT declaration 04-2012

## California Advanced Services Consortia Program

### Quarterly Report and Payment Request Transmittal Letter and Declaration

To: CASF Consortia Grant Coordinator

Attached are the Quarterly Report and/or Payment Request for:

Work Plan Yr / Qtr # \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, all of the statements and representations made in this Quarterly Report are true and correct.

Regional Consortium: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

This transmittal letter should accompany each quarterly report and payment request submission.

# Appendix C

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

## PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)  
STD. 204 (Rev. 6-2003)

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-----------------------|------------------------|-------------------------|------------------------------|-----------------------------------------------------|
| <b>1</b>                                                                | <p><b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p><b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>2</b>                                                                | <p><b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print)</p> <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)</td> <td style="width:40%;"><b>E-MAIL ADDRESS</b></td> </tr> <tr> <td><b>MAILING ADDRESS</b></td> <td><b>BUSINESS ADDRESS</b></td> </tr> <tr> <td><b>CITY, STATE, ZIP CODE</b></td> <td><b>CITY, STATE, ZIP CODE</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |  | <b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.) | <b>E-MAIL ADDRESS</b> | <b>MAILING ADDRESS</b> | <b>BUSINESS ADDRESS</b> | <b>CITY, STATE, ZIP CODE</b> | <b>CITY, STATE, ZIP CODE</b>                        |
| <b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.) | <b>E-MAIL ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>MAILING ADDRESS</b>                                                  | <b>BUSINESS ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>CITY, STATE, ZIP CODE</b>                                            | <b>CITY, STATE, ZIP CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>3</b>                                                                | <p><b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/> - <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/></p> <p><input type="checkbox"/> <b>PARTNERSHIP</b>                      <b>CORPORATION:</b></p> <p style="padding-left: 40px;"> <input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.)<br/> <input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services)<br/> <input type="checkbox"/> <b>EXEMPT</b> (nonprofit)<br/> <input type="checkbox"/> <b>ALL OTHERS</b> </p> <p><input type="checkbox"/> <b>ESTATE OR TRUST</b></p> <hr/> <p><input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b><br/> <b>ENTER SOCIAL SECURITY NUMBER:</b> <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/> - <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/></p> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p> | <p><b>NOTE:</b><br/>Payment will not be processed without an accompanying taxpayer I.D. number.</p> |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>4</b>                                                                | <p><b>PAYEE RESIDENCY STATUS</b></p> <p><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="padding-left: 40px;"> <input type="checkbox"/> No services performed in California.<br/> <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>5</b>                                                                | <p style="text-align: center;"><b>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></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)</td> <td><b>TITLE</b></td> </tr> <tr> <td><b>SIGNATURE</b></td> <td><b>DATE</b></td> <td><b>TELEPHONE</b><br/>(    )    -    -    -    -    -</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |  | <b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)           |                       | <b>TITLE</b>           | <b>SIGNATURE</b>        | <b>DATE</b>                  | <b>TELEPHONE</b><br>(    )    -    -    -    -    - |
| <b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TITLE</b>                                                                                        |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>SIGNATURE</b>                                                        | <b>DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>TELEPHONE</b><br>(    )    -    -    -    -    -                                                 |  |                                                                         |                       |                        |                         |                              |                                                     |
| <b>6</b>                                                                | <p><b>Please return completed form to:</b></p> <p><b>Department/Office:</b> <u>California Public Utilities Commission</u></p> <p><b>Unit/Section:</b> <u>Fiscal Office</u></p> <p><b>Mailing Address:</b> <u>505 Van Ness Avenue, 3rd flr.</u></p> <p><b>City/State/Zip:</b> <u>San Francisco CA 94102</u></p> <p><b>Telephone:</b> <u>(415) 703-2400</u>                      <b>Fax:</b> <u>(415) 703-2261</u></p> <p><b>E-mail Address:</b> _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |  |                                                                         |                       |                        |                         |                              |                                                     |

# Appendix D-1

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| <b>Consortium Name</b><br><b>Payment Request Cover Sheet</b><br><b>Budget Year:                      QTR:</b> |
|---------------------------------------------------------------------------------------------------------------|

| Expense Category | Activity/<br>Goal A | Activity/<br>Goal B | Activity/<br>Goal C | Activity/<br>Goal D | Activity/<br>Goal E | TOTAL<br>AMOUNT |
|------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------|
|------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------|

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| Personnel Compensation |  |  |  |  |  |  |
| subtotal               |  |  |  |  |  |  |

|          |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|
| Travel   |  |  |  |  |  |  |
| subtotal |  |  |  |  |  |  |

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| Equipment |  |  |  |  |  |  |
| subtotal  |  |  |  |  |  |  |

|                               |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| Training/Educational Supplies |  |  |  |  |  |  |
| subtotal                      |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|
| Office Supplies/Printing |  |  |  |  |  |  |
| subtotal                 |  |  |  |  |  |  |

|                         |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|
| Advertising/Promotional |  |  |  |  |  |  |
| subtotal                |  |  |  |  |  |  |

|                                  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|
| Meetings/Conferences/Conventions |  |  |  |  |  |  |
| subtotal                         |  |  |  |  |  |  |

|                      |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|
| External Consultants |  |  |  |  |  |  |
| subtotal             |  |  |  |  |  |  |

|                |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|
| Other Expenses |  |  |  |  |  |  |
| subtotal       |  |  |  |  |  |  |

|                     |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|
| <b>GRAND TOTALS</b> |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|

# Appendix D-2

**Consortium Name**  
**Payment Request**  
**Budget Year:                      QTR:**

| Line Item #                          | Name or Company | Invoice or Receipt # | Invoice or Receipt Date (mm/dd/yyyy) | Supporting Document and/or Proof of Payment Attached (Y/N) | Activity/Goal A | Activity/Goal B | Activity/Goal C | Activity/Goal D | TOTAL AMOUNT  |
|--------------------------------------|-----------------|----------------------|--------------------------------------|------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|---------------|
| <b>Personnel Compensation</b>        |                 |                      |                                      |                                                            |                 |                 |                 |                 |               |
| 1                                    | NAME            | ###                  | (mm/dd/yyyy)                         |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 2                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 3                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 4                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 5                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
|                                      | <b>subtotal</b> |                      |                                      |                                                            | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b> |
| <b>Travel</b>                        |                 |                      |                                      |                                                            |                 |                 |                 |                 |               |
| 6                                    | NAME            | ###                  | (mm/dd/yyyy)                         |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 7                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 8                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 9                                    | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 10                                   | NAME            |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
|                                      | <b>subtotal</b> |                      |                                      |                                                            | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b> |
| <b>Equipment</b>                     |                 |                      |                                      |                                                            |                 |                 |                 |                 |               |
| 11                                   | COMPANY         | ###                  | (mm/dd/yyyy)                         |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 12                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 13                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 14                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 15                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
|                                      | <b>subtotal</b> |                      |                                      |                                                            | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b> |
| <b>Training/Educational Supplies</b> |                 |                      |                                      |                                                            |                 |                 |                 |                 |               |
| 16                                   | COMPANY         | ###                  | (mm/dd/yyyy)                         |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 17                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 18                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 19                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 20                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
|                                      | <b>subtotal</b> |                      |                                      |                                                            | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b> |
| <b>Office Supplies/Printing</b>      |                 |                      |                                      |                                                            |                 |                 |                 |                 |               |
| 21                                   | COMPANY         | ###                  | (mm/dd/yyyy)                         |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 22                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 23                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 24                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 25                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
|                                      | <b>subtotal</b> |                      |                                      |                                                            | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b> |
| <b>Advertising/Promotional</b>       |                 |                      |                                      |                                                            |                 |                 |                 |                 |               |
| 26                                   | COMPANY         | ###                  | (mm/dd/yyyy)                         |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 27                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 28                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 29                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
| 30                                   | COMPANY         |                      |                                      |                                                            | \$0.00          | \$0.00          | \$0.00          | \$0.00          | \$0.00        |
|                                      | <b>subtotal</b> |                      |                                      |                                                            | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b> |

**Consortium Name**  
**Payment Request**  
**Budget Year:** \_\_\_\_\_ **QTR:** \_\_\_\_\_

| Line Item # | Name or Company | Invoice or Receipt # | Invoice or Receipt Date (mm/dd/yyyy) | Supporting Document and/or Proof of Payment Attached (Y/N) | Activity/Goal A | Activity/Goal B | Activity/Goal C | Activity/Goal D | TOTAL AMOUNT |
|-------------|-----------------|----------------------|--------------------------------------|------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|--------------|
|-------------|-----------------|----------------------|--------------------------------------|------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|--------------|

| Meetings/Conferences/Conventions |          |     |              |  |        |        |        |        |        |
|----------------------------------|----------|-----|--------------|--|--------|--------|--------|--------|--------|
| 31                               | COMPANY  | ### | (mm/dd/yyyy) |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 32                               | COMPANY  |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 33                               | COMPANY  |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 34                               | COMPANY  |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 35                               | COMPANY  |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
|                                  | subtotal |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| External Consultants |              |     |              |  |        |        |        |        |        |
|----------------------|--------------|-----|--------------|--|--------|--------|--------|--------|--------|
| 36                   | COMPANY/NAME | ### | (mm/dd/yyyy) |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 37                   | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 38                   | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 39                   | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 40                   | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
|                      | subtotal     |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Other Expenses |              |     |              |  |        |        |        |        |        |
|----------------|--------------|-----|--------------|--|--------|--------|--------|--------|--------|
| 41             | COMPANY/NAME | ### | (mm/dd/yyyy) |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 42             | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 43             | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 44             | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 45             | COMPANY/NAME |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
|                | subtotal     |     |              |  | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**GRAND TOTALS**

Please ensure that columns and rows total correctly to avoid payment delays.

# Appendix D-3

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION  
**TRAVEL EXPENSE CLAIM**  
 STD. 262A (REV. 9/2007)

See Instructions and \*Privacy  
 Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

|                    |       |             |                          |       |          |            |                  |          |
|--------------------|-------|-------------|--------------------------|-------|----------|------------|------------------|----------|
| CLAIMANT'S NAME    |       |             | SSAN OR EMPLOYEE NUMBER* |       |          | DEPARTMENT |                  |          |
| POSITION           |       | CB/D NUMBER | DIVISION OR BUREAU       |       |          |            | INDEX 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 No. | (3) MILEAGE RATE CLAIMED |
|-----------------------|---------------------------------|--------------------------|

| (4) MONTH/YEAR | (5) DATE | (5) TIME | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS  |       |                                | (9) INCIDENTALS | (10) TRANSPORTATION |               |                             |                     | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY |
|----------------|----------|----------|-------------------------------------------|-------------|------------|-------|--------------------------------|-----------------|---------------------|---------------|-----------------------------|---------------------|-----------------------|-----------------------------|
|                |          |          |                                           |             | BREAK-FAST | LUNCH | O.T., LT, N/C, RELO. OR DINNER |                 | (A) COST OF TRANS.  | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE |                       |                             |
|                |          |          |                                           |             |            |       |                                |                 |                     | MILES         | AMOUNT                      |                     |                       |                             |
|                |          |          |                                           |             |            |       |                                |                 |                     |               |                             | 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                  |                             |
| (13) SUBTOTALS |          |          |                                           | 0.00        | 0.00       | 0.00  | 0.00                           | 0.00            | 0.00                | 0.00          | 0.00                        | 0.00                | 0.00                  |                             |

|                    |                |
|--------------------|----------------|
| <b>CLAIM TOTAL</b> | <b>\$ 0.00</b> |
|--------------------|----------------|

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

| AGENCY ACCOUNTING<br>OFFICE USE ONLY<br>PAID BY REV. FUND CHECK No. | PCA | PROJECT | WORK PHASE | OBJ AO | AMOUNT | OBJ AO | AMOUNT | OBJ AO | AMOUNT | OBJ AO | AMOUNT | TOTAL |
|---------------------------------------------------------------------|-----|---------|------------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
|                                                                     |     |         |            |        |        |        |        |        |        |        |        |       |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
|                                                                     |     |         |            |        |        |        |        |        |        |        |        | 0.00  |
| <b>TOTALS</b>                                                       |     |         |            | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00  |

(15) 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 mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seatbelt usage.

|                                                                                   |      |                                                        |      |
|-----------------------------------------------------------------------------------|------|--------------------------------------------------------|------|
| CLAIMANT'S SIGNATURE                                                              | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) |      |                                                        | DATE |



### INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

**MULTIPLE PAGES**-If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL."

### COLUMN ENTRIES

- (1) **NORMAL WORK HOURS**-Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a.m.).
- (2) **PRIVATE VEHICLE LICENSE NUMBER**-Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752 and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.
- (3) **MILEAGE RATE CLAIMED**-Enter the rate of reimbursement being claimed for private vehicle use.
- (4) **MONTH/YEAR**-Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.
- (5) **DATE/TIME**-Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.
- (6) **LOCATIONS WHERE EXPENSES WERE INCURRED**-Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.
- (7) **LODGING**-Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, bargaining agreements and detailed in the State Administrative Manual (SAM) Sections 0721 to 0724. A receipt is required for any expenditure of \$25 or more.
- (8) **MEALS**-Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 to 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, non-commercial and relocation daily meal expenses.
- OVERTIME MEAL AND BUSINESS RELATED MEAL**-Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations and bargaining agreements. Refer to DPA Management Memos for receipt requirements.
- (9) **INCIDENTALS**-Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.
- (10) **TRANSPORTATION**-Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.
- (A) **COST OF TRANSPORTATION**-Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the State.
- (B) **TYPE OF TRANSPORTATION USED**-Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.
- (C) **CAR FARE, TOLLS, AND PARKING**-Enter car fare, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$6.00 for any one continuous period of parking.
- (D) **PRIVATE CAR USE**-Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.
- (11) **BUSINESS EXPENSE**-Claims for phone calls must include the place and party called. If charge exceeds \$2.50, support by vouchers or other evidence. Emergency purchases of equipment, clothing or supplies, travel expenses of inmates, wards, or patients of institutions, and all other charges in excess of \$1.00 require receipts and an explanation.
- (12) **ENTER TOTAL EXPENSES FOR DAY**
- (13) **ENTER SUBTOTALS OR TOTALS**
- (14) **PURPOSE OF TRIP, REMARKS OR DETAILS**-Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.
- (15) **CLAIMANT'S CERTIFICATION AND SIGNATURE**-Your signature certifies that expenses claimed were actually incurred in accordance with the provisions of the DPA rules and/or a memorandum of understanding, and that the cost of operating a privately owned vehicle that is specially equipped for the disabled is at or above the rate claimed.
- (16) **SIGNATURE OF OFFICER APPROVING PAYMENT**-Certifies and authorizes travel; approves expenses as incurred on State business.
- (17) **SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES**-When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.

### \*PRIVACY STATEMENT

The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

**AGENCY NAME:** Appointing powers and the State Controller's Office (SCO).

**UNITS RESPONSIBLE FOR MAINTENANCE:** The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

**AUTHORITY:** The reimbursement of travel expenses is governed by Government Code Sections 19815.4(d), 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

**PURPOSE:** The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

**OTHER INFORMATION:** While your social security account number (SSAN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.

# APPENDIX D-4

## ARTICLE 12 – ALLOWANCES AND REIMBURSEMENTS

### 12.1 Business and Travel Expense

The State agrees to reimburse employees for actual, necessary and appropriate business expenses and travel expenses incurred fifty (50) miles or more from home and headquarters, in accordance with existing Department of Personnel Administration rules and as set forth below. Lodging and/or meals provided by the State or included in hotel expenses or conference fees or in transportation costs such as airline tickets or otherwise provided shall not be claimed for reimbursement. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals. Each item of expenses of \$25 or more requires a receipt; receipts may be required for items of expense that are less than \$25. When receipts are not required to be submitted with the claim, it is the employee's responsibility to maintain receipts and records of their actual expenses for tax purposes. Each State agency shall determine the necessity for travel and the mode of travel to be reimbursed.

A. Meals/Incidentals: Meal expenses for breakfast, lunch, and dinner will be reimbursed in the amount of actual expenses up to the maximums. The term "incidentals" includes, but is not limited to, expenses for laundry, cleaning and pressing of clothing, and fees and tips for services, such as for porters and baggage carriers. It does not include taxicab fares, lodging taxes or the cost of telegrams or telephone calls.

1. Rates - Actual meal/incidental expenses incurred will be reimbursed in accordance with the maximum rates and time frame requirements outlined below:

|             |       |         |                                 |
|-------------|-------|---------|---------------------------------|
| Breakfast   | up to | \$ 6.00 |                                 |
| Lunch       | up to | \$10.00 |                                 |
| Dinner      | up to | \$18.00 |                                 |
| Incidentals | up to | \$ 6.00 |                                 |
| <hr/>       |       |         |                                 |
| Total       | up to | \$40.00 | (Every full 24 hours of travel) |

2. Time Frames - For continuous short-term travel of more than twenty-four (24) hours but less than thirty-one (31) days, the employee will be reimbursed for actual costs up to the maximum for each meal, incidental, and lodging expense for each complete twenty-four (24) hours of travel, beginning with the traveler's time of departure and return as follows:

a. On the first day of travel on a trip of more than twenty-four (24) hours:

Trip begins at or before 6 a.m. Breakfast may be claimed

Trip begins at or before 11 a.m. Lunch may be claimed

Trip begins at or before 5 p.m. Dinner may be claimed

b. On the fractional day of travel at the end of a trip of more than twenty-four (24) hours:

Trip ends at or after 8 a.m. Breakfast may be claimed

Trip ends at or after 2 p.m. Lunch may be claimed

Trip ends at or after 7 p.m. Dinner may be claimed

If the fractional day includes an overnight stay, receipted lodging may be claimed. No meal or lodging expenses may be claimed or reimbursed more than once on any given date or during any twenty-four (24)-hour period.

c. For continuous travel of less than twenty-four (24) hours, the employee will be reimbursed for actual expenses up to the maximum as follows:

Travel begins at or before 6 a.m. Breakfast may be claimed  
and ends at or after 9 a.m.:

Travel begins at or before 4 p.m. Dinner may be claimed  
and ends at or after 7 p.m.:

If the trip extends overnight, receipted lodging may be claimed.

No lunch or incidentals may be claimed on a trip of less than twenty-four (24) hours.

B. Lodging: All lodging reimbursement requires a receipt from a commercial lodging establishment such as a hotel, motel, bed and breakfast inn, or public campground that caters to the general public. No lodging will be reimbursed without a valid receipt.

1. Regular State Business Travel

a. Statewide, in all locations not listed in c. below, for receipted lodging while on travel status to conduct State business:

With a lodging receipt: Actual lodging up to \$84 plus applicable taxes.

b. When employees are required to do business and obtain lodging in the counties of Alameda, San Francisco, San Mateo and Santa Clara, reimbursement will be for actual receipted lodging to a maximum of \$140 plus applicable taxes. When employees are required to do business and obtain lodging in the counties of Los Angeles and San Diego, actual lodging up to \$110 plus applicable taxes.

2. State Sponsored Conferences or Conventions

For receipted lodging while attending State Sponsored conferences and conventions, when the lodging is contracted by the State sponsor for the event, and the appointing authority has granted prior approval for attendance and lodging at the contracted rate and establishment: Actual lodging up to \$110 plus applicable taxes.

**3. Non-State Sponsored Conferences or Conventions**

For receipted lodging while attending non-State sponsored conferences and conventions, when the lodging is contracted by the sponsor for the event, and the appointing authority has granted prior approval for attendance and lodging at the contracted rate and establishment: Actual lodging when approved in advance by the appointing authority.

Reimbursement of lodging expenses in excess of specified amounts, excluding taxes requires advance written approval from the Department of Personnel Administration. The Department of Personnel Administration may delegate approval authority to departmental appointing powers or increase the lodging maximum rate for the geographical area and period of time deemed necessary to meet the needs of the State. An employee may not claim lodging, meal, or incidental expenses within 50 miles of his/her home or headquarters.

**C. Long-term Travel:** Actual expenses for long term meals and receipted lodging will be reimbursed when the employee incurs expenses in one location comparable to those arising from the use of establishments catering to the long-term visitor.

**1. Full Long-term Travel -** In order to qualify for full long-term travel reimbursement, the employee on long-term field assignment must meet the following criteria:

- The employee continues to maintain a permanent residence at the primary headquarters, and
- The permanent residence is occupied by the employee's dependents, or
- The permanent residence is maintained at a net expense to the employee exceeding \$200 per month.

The employee on full long-term travel who is living at the long-term location may claim either:

- Reimbursement for actual individual expense, substantiated by receipts, for lodging, water, sewer, gas and electricity, up to a maximum of \$1,130 per calendar month while on the long-term assignment, and actual expenses up to \$10 for meals and incidentals, for each period of twelve (12) to twenty-four (24) hours and up to \$5 for actual meals and incidentals for each period of less than twelve (12) hours at the long-term location, or
- Long-term subsistence rates of \$24 for actual meals and incidentals and \$24 for receipted lodging for travel of twelve (12) hours up to twenty-four (24) hours; either \$24 for actual meals or \$24 for receipted lodging for travel less than twelve (12) hours when the employee

incurs expenses in one location comparable to those arising from the use of establishments catering to the long-term visitor.

2. An employee on long-term field assignment who does not maintain a separate residence in the headquarters area may claim long-term subsistence rates of up to \$12 for actual meals and incidentals and \$12 for receipted lodging for travel of twelve (12) hours up to twenty-four (24) hours at the long-term location; either \$12 for actual meals or \$12 for receipted lodging for travel less than twelve (12) hours at the long-term location.
3. Employees, with supervisor's approval, after completing the work shift remain at the job or LTA location past the Friday twelve (12)-hour clock will receive full per diem for Friday. Those staying overnight shall not receive any additional per diem regardless of the Saturday departure time. An employee returning to the temporary residence on Sunday will receive full per diem. This does not change Department of Personnel Administration policy regarding the per diem clock which starts at the beginning of the work shift on Monday. If the normal workweek is other than as stated above, the same principle applies.

The following clarifies Department of Personnel Administration policy regarding an employee leaving the LTA location on personal business:

The reference to leaving the LTA location for personal business and not claiming per diem or transportation expenses assumes that the employee stays overnight at a location other than the long-term accommodations.

- D. Out-of-State Travel: For short-term out-of-State travel, State employees will be reimbursed actual lodging, supported by a receipt, and will be reimbursed for actual meal and incidental expenses in accordance with above. Failure to furnish lodging receipts will limit reimbursement to the meal/incidental rate above. Long-term out-of-State travel will be reimbursed in accordance with the provisions of long-term travel above.
- E. Out of Country Travel: For short-term out of country travel, State employees will be reimbursed actual lodging, substantiated by a receipt, and will be reimbursed actual meals and incidentals up to the maximums published in column (B) of the Maximum

Travel per Diem Allowances for Foreign Areas, section 925, U.S. Department of State Standardized Regulations and the meal/incidental breakdown in Federal Travel Regulation Chapter 301, Travel Allowances, Appendix B. Long-term out of country travel will be reimbursed in accordance with the provisions of long-term travel above, or as determined by the Department of Personnel Administration.

Subsistence shall be paid in accordance with procedures prescribed by the Department of Personnel Administration. It is the responsibility of the individual employee to maintain receipts for their actual meal expenses.

- F. Transportation: Transportation expenses include, but are not limited to, airplane, train, bus, taxi fares, rental cars, parking, mileage reimbursement, and tolls that are reasonably and necessarily incurred as a result of conducting State business. Each State agency shall determine the necessity for travel, and the mode of travel to be reimbursed.

1. **Mileage Reimbursement**
    - a. **Effective July 1, 2006, when an employee is authorized by his/her appointing authority or designee to operate a privately owned vehicle on State business the employee will be allowed to claim and be reimbursed at the Federal Standard Mileage Rate (FSMR).**
    - b. **When an employee is required to report to an alternative work location, the employee may be reimbursed for the number of miles driven in excess of his/her normal commute.**
  2. **Specialized Vehicles – Effective July 1, 2006, employees who must operate a motor vehicle on official State business and who, because of a physical disability, may operate only specially equipped or modified vehicles may claim the FSMR, with certification. Supervisors who approve claims pursuant to this subsection have the responsibility of determining the need for the use of such vehicles.**
  3. **Private Aircraft Mileage – When an employee is authorized by his/her department, reimbursement for the use of the employee's privately owned aircraft on State business shall be made at the rate of 50 cents per statute mile. Pilot qualifications and insurance requirements will be maintained in accordance with the Department of Personnel Administration Rule 599.628.1 and the State Office of Risk and Insurance Management.**
  4. **Mileage to/From a Common Carrier – When the employee's use of a privately owned vehicle is authorized for travel to or from a common carrier terminal, and the employee's vehicle is not parked at the terminal during the period of absence, the employee may claim double the number of miles between the terminal and the employee's headquarters or residence, whichever is less, while the employee occupies the vehicle. Exception to "whichever is less". If the employee begins travel one (1) hour or more before he normally leaves his home, or on a regularly scheduled day off, mileage may be computed from his/her residence.**
- G. Receipts: Receipts or vouchers shall be submitted for every item of expense of \$25 or more. In addition, receipts are required for every item of transportation and business expense incurred as a result of conducting State business except for actual expenses as follows:**
1. **Railroad and bus fares of less than \$25 when travel is wholly within the State of California.**
  2. **Street car, ferry fares, bridge and road tolls, local rapid transit system, taxi, shuttle or hotel bus fares, and parking fees of \$10 or less for each continuous period of parking or each separate transportation expense noted in this item.**
  3. **Telephone, telegraph, tax, or other business charges related to State business of \$5 or less.**
  4. **In the absence of a receipt, reimbursement will be limited to the non-receipted amount above.**

5. Reimbursement will be claimed only for the actual and necessary expenses noted above. Regardless of the above exceptions, the approving officer may require additional certification and/or explanation in order to determine that an expense was actually and reasonably incurred. In the absence of a satisfactory explanation, the expense shall not be allowed.

The State agrees to conduct a study of reimbursement for per diem and travel expenses to be completed by January 1, 2012. The State will meet with the Union within 90 days of completion of the study to discuss.

**EXCESS LODGING RATE REQUEST / APPROVAL**

STD. 255C (Rev. 10/2011)

**Advance Department of Personnel Administration (DPA) approval is required for lodging rates that exceed the delegated reimbursement rates. Submit APPROVED request with Travel Claim.**




|                                                                                                               |                         |                                                |                                                                                                                                |                                       |  |
|---------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| CLAIMANT'S NAME (Print or Type)                                                                               |                         | PRIMARY RESIDENCE (City, State and ZIP Code)   |                                                                                                                                | WORK PHONE NUMBER (Include Area Code) |  |
| DEPARTMENT                                                                                                    |                         | DIVISION / OFFICE                              |                                                                                                                                | HEADQUARTERS CITY                     |  |
| <b>CURRENT STATE LODGING REIMBURSEMENT RATES:</b>                                                             |                         |                                                |                                                                                                                                |                                       |  |
| All California counties not listed below                                                                      |                         | Actual expense up to \$84 per night, plus tax  |                                                                                                                                |                                       |  |
| Los Angeles and San Diego counties                                                                            |                         | Actual expense up to \$110 per night, plus tax |                                                                                                                                |                                       |  |
| Alameda, San Francisco, Santa Clara, and San Mateo counties                                                   |                         | Actual expense up to \$140 per night, plus tax |                                                                                                                                |                                       |  |
| <b>REGULAR TRAVEL ABOVE THE STATE RATE</b>                                                                    |                         |                                                | <b>ALL CONFERENCES AND CONVENTIONS</b>                                                                                         |                                       |  |
| <input type="checkbox"/> Lodging Rate above State Rate, up to \$140.00:<br>Advance Departmental approval only |                         |                                                | <input type="checkbox"/> Conference / Convention Lodging Rate up to \$150.00:<br>Advance Departmental approval only            |                                       |  |
| <input type="checkbox"/> Lodging Rate over \$140.00:<br>Advance Departmental and DPA approval required        |                         |                                                | <input type="checkbox"/> Conference / Convention Lodging Rate over \$150.00:<br>Advance Departmental and DPA approval required |                                       |  |
| <b>TRAVEL DATES</b>                                                                                           | FROM (Month, Day, Year) |                                                | <b>LODGING INFORMATION</b>                                                                                                     | LODGING NAME                          |  |
|                                                                                                               | TO (Month, Day, Year)   |                                                |                                                                                                                                | ADDRESS                               |  |
| POINT OF ORIGIN                                                                                               |                         | PHONE                                          |                                                                                                                                | ROOM RATE                             |  |
| DESTINATION - ADDRESS AND CITY                                                                                |                         |                                                |                                                                                                                                | \$                                    |  |
| REASON FOR TRIP                                                                                               |                         |                                                |                                                                                                                                |                                       |  |

**REASON(S) FOR HIGHER LODGING RATE**

- |                                                                                                          |                                                                         |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Employee required to stay at lodging site.                                      | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation."                | <input type="checkbox"/> No alternative lodging available.              |
| <input type="checkbox"/> State business will be conducted in late night meetings.                        | <input type="checkbox"/> Emergency travel.                              |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other.                                         |

Explain why each of the above checked reasons apply. Document "Good Faith" effort to obtain lodging from 3 vendors at or below the state rate for the location of travel. Attach copies of agenda, lodging requirements, registration, etc. that help justify reasons checked above.

**I request prior approval of a lodging rate in excess of the state maximum rate for this destination.**

|                                                                                                                       |                            |                                   |             |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------|-------------|
| CLAIMANT'S SIGNATURE<br>            | CLAIMANT'S TITLE           | CBID                              | DATE SIGNED |
| DEPARTMENT CONTACT (Print or Type)                                                                                    | DEPARTMENT CONTACT'S TITLE | DEPARTMENT CONTACT'S PHONE NUMBER |             |
| DEPARTMENT APPROVAL (Signature)<br> | TITLE                      | DATE APPROVED BY DEPARTMENT       |             |
| DPA APPROVAL (Signature)<br>        | TITLE                      | DATE APPROVED BY DPA              |             |



## Budget & Fiscal Services - Excess Lodging Rate Request/Approval

### Memorandum

Date: April 17, 2006  
To: All CPUC Employees  
From: Public Utilities Commission--San Francisco - Leon D. Munoz, Fiscal Officer  
Subject: Excess Lodging Rate Request/Approval

Effective April 6, 2006, the Department of Personnel Administration (DPA) has made changes to the rules relating to the approval process for the Excess Lodging Rate Request/Approval Form ([STD 255C](#)). The changes are as follows:

#### Advance Departmental (Internal) Approval Required:

- Regular travel over current state rate up to \$140 per night, plus tax
- Conferences and conventions up to \$150 per night, plus tax

#### Advance Departmental and DPA Approval Required: (at least 10 days prior to the trip)

- Regular travel over \$140 per night, plus tax
- Conferences and conventions over \$150 per night, plus tax

The STD 255C has been revised to reflect these changes and is [attached \(Attachment A\)](#). Please discard any old versions of the form.

#### Documented "Good Faith Effort" to Obtain Low Cost Lodging:

All State employees must make a "good faith effort" to obtain lodging at or below the State rate. A "good faith effort" is defined as making contact with at least three moderately priced lodging establishments. The current State lodging rates have been included on the revised form; you are expected to continue to locate and use lodging at or below these rates. The Department of General Services (DGS) provides a listing of vendors who offer lodging at or below the State approved rates at the following site: <http://www.catravelmart.com/default.htm>.

If you have any questions or need assistance, please contact Nick Bartido (BAN, 3-3207) or Fred Cruz (AUC, 3-1886).

## Budget & Fiscal Services - Excess Lodging Rate Request/Approval

### Memorandum

Date: April 17, 2006

To: All CPUC Employees

From: Public Utilities Commission--San Francisco - Leon D. Munoz, Fiscal Officer

Subject: Excess Lodging Rate Request/Approval

Effective April 6, 2006, the Department of Personnel Administration (DPA) has made changes to the rules relating to the approval process for the Excess Lodging Rate Request/Approval Form ([STD 255C](#)). The changes are as follows:

#### Advance Departmental (Internal) Approval Required:

- Regular travel over current state rate up to \$140 per night, plus tax
- Conferences and conventions up to \$150 per night, plus tax

#### Advance Departmental and DPA Approval Required: (at least 10 days prior to the trip)

- Regular travel over \$140 per night, plus tax
- Conferences and conventions over \$150 per night, plus tax

The STD 255C has been revised to reflect these changes and is [attached \(Attachment A\)](#). Please discard any old versions of the form.

#### Documented "Good Faith Effort" to Obtain Low Cost Lodging:

All State employees must make a "good faith effort" to obtain lodging at or below the State rate. A "good faith effort" is defined as making contact with at least three moderately priced lodging establishments. The current State lodging rates have been included on the revised form; you are expected to continue to locate and use lodging at or below these rates. The Department of General Services (DGS) provides a listing of vendors who offer lodging at or below the State approved rates at the following site: <http://www.catravelmart.com/default.htm>.

If you have any questions or need assistance, please contact Nick Bartido(BAN, 3-3207) or Fred Cruz (AUC, 3-1886).

## CPUC TRAVEL EXPENSE REIMBURSEMENT



### A SUMMARY OF THE STATE OF CALIFORNIA SHORT TERM TRAVEL EXPENSE REIMBURSEMENT PROGRAM FOR REPRESENTED AND EXCLUDED EMPLOYEES

ADMINISTERED BY THE DEPARTMENT OF PERSONNEL ADMINISTRATION

Rates, timeframes and requirements in this pamphlet are applicable to all represented and excluded employees except as noted.

Additional details applicable to the travel reimbursement program, including effective dates of these provisions for each bargaining unit, may be found in the Bargaining Agreements and DPA rules for excluded employees, and in individual department policies and procedures.

This pamphlet is not a substitute for contract provisions or the DPA rules and policies for travel reimbursement.

booking travel plans for Commission-related travel: Cliqbook and SWABIZ.

In the new fiscal year, beginning on July 1, 2010 all CPUC employees must make all their travel arrangements through TMS/ TravelStore.

#### Vehicle Rentals

Non-contract rentals are not allowed, except in rare instances when a vehicle is not available from a contract vendor and a reason for renting from a non-contract vendor must be provided.

**Primary Vendor: Enterprise Rent A Car**  
Base rate \$33.46 Maximum rate \$40.12

**Secondary Vendor: National/Alamo**  
(only to be used when the primary vendor cannot provide service.)  
Base rate \$35.02 Maximum base rate \$83.41

**Note:** The Department of General Services Charge Card ("blue" card) is not required for commercial car rental.

For larger vehicles, The Rental Car Justification form must be signed and submitted to the Fiscal Office prior to renting a vehicle larger than a compact.

#### State Vehicles

State vehicles are obtained with a General Services blue charge card and a valid license at State garages. They should not be kept over the weekend unless necessary. Gas cards are provided in the glove box.

State Garage Locations: City/Address  
Phone Number

|                                |                 |
|--------------------------------|-----------------|
| Fresno/1025 P St. 209-445-5527 | LA/1645         |
| North Main St. 323-224-0905    | Oakland/401     |
| 27th St. 510-286-0901          | Sacramento/1416 |
| 10th St. 916-657-2311          |                 |

**NOTE:** Fill up the tank before returning your rental car. If the car is not filled prior to returning the vehicle, the employee will be responsible for all fuel charges assessed by the vendor. Save gas receipts for reimbursement on your claim.

- If you lock the keys in a vehicle, you pay the locksmith!
- Travel Smart. Protect your belongings. Items left on

the car seat or floor are an invitation to thieves. Do not leave luggage, PCs, phones, CD players, cash, tickets, clothing, or anything else visible in an unattended vehicle. If you must leave them, LOCK THEM IN THE TRUNK!

• Parking tickets? Tow away charges? They are YOUR responsibility. You are not exempt from obeying traffic laws and parking limits, etc., while you are conducting State Business.

#### Business Expenses

Expense claims on a TEC while on official state business in travel status. Some examples of these business expenses are: phone calls, faxes and emergency purchases necessary to complete the job. Justification as to the reason for the purchase is required on the TEC. Expenses over \$25.00 an additional approval is required to designate manager.

In addition, the TEC may also be used to claim reimbursement relating to other items such as training, membership dues, and license fee renewal. The original receipt plus one copy is required for reimbursement.

**NOTE: Non-emergency, non-travel office supplies and equipment. These items are to be purchased through Business Services.**

#### Recovery of temporary travel advances

If an employee does not submit TECs to substantiate the travel expenses within 30 calendar days of the periodic statement date, the total travel advance amount must be deducted from the next regular payroll warrant(s). GOVT. SECTION CODE 19838(C) and SAM SECTION 8776.7 limit payroll deductions to 25% of the employee's net monthly or semi-monthly salary.

# CALIFORNIA STATE SHORT TERM TRAVEL REIMBURSEMENT PROGRAM

## CONDITIONS OF TRAVEL

Each State agency determines the necessity for and the method of employee business travel. Reimbursement shall not be made for meal and lodging expenses incurred within 50 miles of home or headquarters. Authority to approve exceptions was delegated to appointing powers as follows: to approve meals and/or lodging for employees on travel status away from, but within 50 miles of home or headquarters. Delegation does not extend to the approval of meals or lodging at either the home or headquarters location. Meals and lodging less than 50 miles from home or HQ are taxable income.

Reimbursement for transportation 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. If an employee chooses and is authorized to use a method of transportation that is (1) not the least costly, (2) not the typical method of getting from one location to the other, or (3) not "in the best interest of the State," a cost comparison will be prepared and the employee shall be reimbursed only the amount that would have been reimbursed had the employee traveled using the least costly method.

### Receipts Required - ORIGINAL RECEIPTS REQUIRED (per DPA Rule 599)

Copies and/or non-original receipts will result in the payment of the TEC being delayed and returned to claimant. Original receipts are required for full reimbursement to the claimant. If the original receipts are not submitted then the claim is reduced accordingly.

- Business cellular phones, wireless devices/faxes over \$5.00; Parking over \$10.00; Business expenses over \$5.00; Railroad and bus fares over \$25.00; Taxis, shuttles, streetcars, local rapid transit, road tolls over \$10.00.  
Airport parking rate (Economy Parking)  
Burbank \$11.00 Los Angeles \$12.00
- Rental cars expenses (regardless if expense was charged to State)
- All lodging expenses for in and out-of-state travel
- Tuition, training, professional dues, and license fee expenses

- Gas for rental and state vehicles
- Conference/Registration fees

**NOTE:** In the absence of a receipt, reimbursement will be limited to DPA allowable amounts.

### Per Diem Guidelines

Per Diem (lodging, meals and incidentals) may be reimbursed for actual costs up to the current subsistence rates allowed by DPA. Currently, lodging receipts requirements vary among represented and non-represented employees. It is the intent of DPA to make the lodging requirements the same for all employees; therefore, represented employees should be familiar with their MOU status and any changes made.

- No per diem is allowed within 50 miles of the employee's headquarters/primary residence. Guidelines for an exception to this rule can be found in DPA ruling number 599.619.
- Lodging receipts must be itemized, show employees' name and identified as paid.
- An employee may not claim meal reimbursement when meals are furnished to the employee or otherwise paid for (i.e. meals on airlines, provided by hotel, etc.)
- Commercial per diem is allowed when trips are of short duration, not to exceed 30 consecutive days.

### Lodging Reimbursement Rates (In State)

SF, Alameda, San Mateo and Santa Clara Counties up to \$140.00+tax; LA and San Diego counties up to \$110.00+tax; other counties up to \$84.00+tax.

### Meal and Incidentals (each 24 hr. Period)

Breakfast: Actual Expense up to \$6.00  
Lunch: " \$10.00  
Dinner: " \$18.00  
Incidentals: " \$6.00

**NOTE:** You should retain all meal receipts for possible audits by FTB or the IRS.

### Timeframes

**More than 24 hours:**  
Trip begins at or before 6am: may claim breakfast

Trip begins at or before 11am: may claim lunch  
Trip begins at or before 5pm: may claim dinner

Trip ends at or after 8am: may claim breakfast  
Trip ends at or after 2pm: may claim lunch  
Trip ends at or after 7pm: may claim dinner

### Less than 24 hours:

Trip must begin at or before 6am AND end at or after 9am in order to claim breakfast.  
Trip must begin at or before 4pm AND end at or after 7pm in order to claim dinner.

No lunch or incidentals may be claimed. If there is no overnight stay, these meals are taxable.

**NOTE:** Full meals included in airfare, hotel, and conference fees, or otherwise provided may not also be claimed for reimbursement. The same meal may not be claimed more than once on any date. Continental breakfasts of rolls, coffee, and juice are not considered full meals.

Mileage Reimbursement Rates • <sup>55</sup>cents per mile  
(eff. 7/1/2011)

Employees may use their privately-owned automobiles on official State business if this is approved by the agency. If the use is not less costly, the supervisor may authorize the use, but the payment will be for the less costly alternative. No agency will require an employee to use their privately-owned vehicle unless this is a formal condition for employment. The rate claimed shall be considered full reimbursement for all costs related to the operation and maintenance of the vehicle, including both liability and comprehensive insurance.

If dropped off and picked up at a common carrier and no parking expense is claimed, mileage to and from the common carrier may be claimed at the above appropriate rate times twice the number of miles you actually occupy the vehicle (Pays for each round trip).

### Travel Booking Systems

<http://epuc/PUC/Fiscal/travelagency.htm>

The Travel Management branch of DGS has established a one-stop hub for all State-related travel. TravelStore(<http://www.caltravelstore.com/>). TravelStore provides access to two new modes of