State 9-1-1 Reimbursement Guidelines
March 2, 2020
Presentation Overview

- How Annual Training Allotment (ATA) reimbursement works
- Types of ATA reimbursement available
- Allowable reimbursement expenses
- Forms required for reimbursement
- ATA approval guidelines
Annual Training Allotment

• Each PSAP is authorized $10,000 per FY for attendance to preapproved events
• Preapproval is announced through our CA-9-1-1 Branch email.
• Agency may send as many attendees as they like
• Any expenses that exceed the ATA balance will be the responsibility of the PSAP.
Reimbursement Expenses

• Event registration to include Pre-Conference Courses
• Hotel
• Parking (self-parking, not valet)
• Transportation (airfare; car rental/gasoline; train, Uber; shuttle; taxi); agency vehicles may not submit mileage, but may submit gas receipts
• Mileage can be reimbursed for personal vehicle (maps must be included)
• Meals (that are not included in the event according to the State published rate)
• Wages of event participation, not to exceed 8 hours per day, no overtime
  • Agency may pay overtime however, not reimbursable using ATA funds.
MEALS:

- First day of travel
  - Trip begins at or before 6 am - Breakfast may be claimed – up to $7.00
  - Trip begins at or before 11 am - Lunch may be claimed – up to $11.00
  - Trip begins at or before 5 pm - Dinner may be claimed – up to $23.00
Reimbursement Expenses

Continuing after 24 hours

- Trip ends at or after 8 am - Breakfast may be claimed – up to $7.00
- Trip ends at or after 2 pm - Lunch may be claimed – up to $11.00
- Trip ends at or after 7 pm - Dinner may be claimed – up to $23.00
- Incidentals: $5
Reimbursement Expenses

Fractional day of travel
• Trip begins at or before 6 am and ends at or after 9 am - Breakfast may be claimed – up to $7.00
• Trip begins at or before 4 pm and ends at or after 7 pm - Dinner may be claimed - $23.00

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

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

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

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

**LODGING:**

Itemized receipts are required for all lodging expenses and must be generated by the commercial establishment. The receipt is to include the name and address of the hotel, the employee’s check-in date, check-out date, an itemization of expenses incurred, and payment made.

| All other counties except those listed | $90 |
| Sacramento, Napa, Riverside | $95 |
| Marin | $110 |
| Los Angeles, Orange, Ventura & Edwards AFB, (excluding the City of Santa Monica | $120 |
| San Diego, Monterey | $125 |
| Alameda, San Mateo, Santa Clara | $140 |
| City of Santa Monica | $150 |
| All counties except those listed | $90 |
MILEAGE:
• Personal Vehicle $0.575

CAR RENTAL
https://www.documents.dgs.ca.gov/ofa/Travel/CarRental/CarRentalRates.pdf

• The Travel department performs a cost comparison for mileage vs cost of rental car from Enterprise and reimburses the lesser.

Further information can be found at:
http://www.calhr.ca.gov/employees/Pages/travel-meals.aspx
• Reimbursement to agency may or may not go directly back to agency. That is controlled by agency, not the CA 9-1-1 Branch

• Forms required for reimbursement:
  • TDe – 290 – Reimbursement Claim
  • TDe – 290A Reimbursement Claim Support Document w/Task Activity Detail (page 2)
**TDe-290 Reimbursement Form**

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

**REIMBURSEMENT CLAIM**

**TDe-290 (Rev. 2/2014)**

**Public Agency:** Accounts Payable Name and Address

**Address:**

**City, State, Zip:**

**Fiscal Year:**

**12 March 2, 2020**

**Phone Number:**

**Type of Reimbursement Claim:**

- [ ] Annual Training Attendance - EMT
- [ ] Annual Training Attendance - 950
- [ ] I have attended an event and paid for an event, but have not received an event registration.
- [ ] I have attended an event and paid for an event, but have not received an event registration.
- [ ] I have attended an event and paid for an event, but have not received an event registration.
- [ ] I have attended an event and paid for an event, but have not received an event registration.

**Description of equipment and services being reimbursed:**

- [ ] reimbursement claims in accordance with CA 9-1-1 Branch Operations Manual, (Chapter 10.9.1.9, Rev. 2010).

**Reimbursement Claim Total:**

**FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY**

- [ ] Name:
- [ ] Title:
- [ ] Signature:
- [ ] Address:
- [ ] Phone:

**CA 9-1-1 Branch Use Only**

**Reimbursement Claim Total:**

**APPROVED BY:**

- [ ] Name:
- [ ] Title:
- [ ] Signature:
- [ ] Address:
- [ ] Phone:

**CDE-290 Instructions (Rev. 7/2014)**
TDe-290 Reimbursement Form

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

2. Enter the name of your Accounts Payable information in this section if different from Public Agency.

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

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

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

Describe the equipment and or service to be reimbursed in compliance with the CA 9-1-1 Branch Operations Manual, Chapter III in this section.
TDe-290 Reimbursement Form

Enter a description of the item to be reimbursed. Such as:
- Name of claimant
- California Registration
- Claimant – Lodging
- Claimant – Airfare
- Claimant – Parking, Taxi, Toll fees, etc.

When claiming Wages while attending a training event a TDe-290A form must also be attached with this TDe-290.

When claiming mileage on form TDe-290A a MapQuest or other 3rd party mapping document must also be attached with this TDe-290.

If CA 9-1-1 Branch has issued a TDS-288 form – enter the number in this section. Otherwise leave this blank.

Enter the date range(s) of item to be reimbursed. The total dollar amount will automatically add totals at the bottom of the column.

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

The financial official for your agency should be entered here with a hash signature on the original form. This cannot be a person named as a claimant in the claim. Signature is required for claim consideration.

The completed form must be U.S. Mailed to:
Public Safety Communications
CA 9-1-1 Branch
601 Sequoia Pacific Blvd, MS-911
Sacramento, CA 95811-0231

If you have any questions about how to complete this form please contact the Reimbursement Claim Coordinator at the CA 9-1-1 Branch.
(916) 657-9569 M-F, 8am-5pm

TDe-290 Instructions (Rev. 7/2014)
# TD-290A Reimbursement Form

**State of California**

**California 9-1-1 Emergency Communications Branch**

**REIMBURSEMENT CLAIM SUPPORT DOCUMENT**

**TD-290A (REV 07/2014)**

<table>
<thead>
<tr>
<th>Public Agency</th>
<th>Claimant Name</th>
<th>Claim Month/Year</th>
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</thead>
</table>

### I. Duties Performed (Please specify hours spent by this individual performing activities within an authorized task category per day)

- **A**: 9-1-1 County Coordinator - Coordination of ESN assignments for 9-1-1 call delivery - Please list detail of activities by date on reverse side of this form.
- **B**: 9-1-1 County Coordinator - Coordination of 9-1-1 related activities to PSAPs - Please list detail of activities by date on reverse side of this form.
- **C**: 9-1-1 County Coordinator - Coordination of 9-1-1 wireless related activities - Please list detail of activities by date on reverse side of this form.
- **D**: 9-1-1 County Coordinator - County Coordinator Task Force (CCTF) related activities - (pre-approval required) - Please list detail of activities by date on reverse side of this form.
- **E**: Special meeting / projects / training - (pre-approval required)
- **F**: Countywide PSAP Manager's meeting - (pre-approval required)
- **G**: Annual Training Allotment (ATA) - (pre-approval required)

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| F | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| G | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Total Hours: 0**

### II. Mileage (Please identify total miles for day corresponding with above task activity category)

- Attach a mapping document to support mileage.

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Total Miles: 0**

### III. I declare under penalty of perjury that the time and mileage identified in the task activity categories noted above were performed as defined in the 9-1-1 Operations Manual, Chapter III, revision 2014.

### Responsible Officer Authorized to Sign for Public Agency

- **Name:**
- **Title:**
- **Signature:**
- **Date:**
- **Email:**
- **Phone:**

March 2, 2020
### TD-290A Reimbursement Form

#### Task Activity Detail

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

<table>
<thead>
<tr>
<th>DATE</th>
<th># HOURS</th>
<th>ACTIVITY DESCRIPTION</th>
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ATA Reimbursement to an Individual

- Reimbursement to an individual is deducted from agency ATA $10,000
- The agency is required to track their ATA budget, to include reimbursements from individuals
- The agency employee is required to pay all reimbursed expenses directly and submit for reimbursement
- Reimbursement will go back directly to the individual
- Direct reimbursement is subject to all State of California travel guidelines
- Forms required for reimbursement:
  - STD – 204 – Payee Data Record (to set up as payee with State Controllers Office)
  - STD – 262 – Travel Expense Claim
## STD262-Travel Expense Claim

### State of California - Department of Personnel Administration

**TRAVEL EXPENSE CLAIM**

<table>
<thead>
<tr>
<th>Location Where Expenses Were Incurred</th>
<th>Phase</th>
<th>Daily Living Allowance</th>
<th>Meals</th>
<th>Transportation</th>
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- **Total Expense for Day:** $0.00
- **Total Expense for Claim:** $0.00

**Agency Accounting Office**

- **Paid by:** [Redacted]
- **Check Number:** [Redacted]

**Additional Information**

- **Date:** March 2, 2020
- **Claimant Signature:** [Signature]
- **Applicant Signature:** [Signature]
- **Authorizing Official:** [Signature]
All reimbursement claims must be submitted no later than (90) calendar days after close of the State fiscal year in which funds have been expended.
State Travel Rates:

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

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


https://www.caloes.ca.gov/PublicSafetyCommunicationsSite/Documents/004-ChapterIIIIFunding.pdf

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

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

• Authorization to utilize ATA funds must support PSAP Operations statewide
• Meetings such as CALNENA, NAPCO, CPRA, agendas are reviewed to ensure topics support PSAP Operations
• POST Training Courses must support PSAP Operations AND be submitted as POST Plan N/A – No POST reimbursement
Questions?