



RHMR Reimbursement Submission Package Checklist



The complete RHMR Reimbursement Submission Package shall be emailed to rhmr@caloes.ca.gov.

Refer to the following checklists to identify the documents required to be contained in the RHMR Reimbursement Submission Package.

The following checklists correspond to the RHMR Reimbursement Workbook and summarize pertinent information that is entered in the workbook tabs and identify the supporting documentation necessary to validate the reimbursement request.

The RHMR Documents Template Folder contains examples of completed documents.

A separate workbook must be completed for each course submission with applicable workbook tabs.



RHMR Reimbursement Submittal Package Checklist



Backfill / OT Submittal Checklist

- Agency Invoice

The agency invoice shall have:

1. Reference "Billed to Cal OES".
2. An invoice number.
3. A date.
4. A point of contact and contact information.
5. A total reimbursement amount.
6. A location where the reimbursement is to be mailed.
7. A description of services provided.

(All partner agencies must be reimbursed by the agency listed on the contract).

- RHMR Reimbursement Workbook

The RHMR Reimbursement Workbook (Backfill OT tab) must be completed with all pertinent information included for reimbursement.

An itemized list of personnel payroll costs for each employee seeking backfill or OT reimbursement.

- Pre-Approval Request Form

Approved applicable Pre-Approval Forms (Lodging and Backfill, Out of Rank) shall accompany the Reimbursement Submittal Package.

1. If seeking reimbursement for lodging costs above the maximum listed in the Travel Tri-fold document.
2. If seeking reimbursement for backfill employees working from a higher rank (example: Captain replacing a Firefighter).

- Receipts

Required receipts for reimbursement shall include:

1. All lodging
2. All rental vehicles
3. All airfare
4. All self-parking
5. All toll roads/bridges
6. Google Map or MapQuest for personal vehicles mileage
7. Receipts are not required for per diem meals, incidentals, parking under \$10.00 or Gas station receipts.

Refer to Reimbursement Workbook Guidance for additional assistance.



RHMR Reimbursement Submittal Package Checklist



Course Training Submittal Checklist

- o Agency Invoice

The agency invoice shall have:

1. Reference "Billed to Cal OES".
2. An invoice number.
3. A date.
4. A point of contact and contact information.
5. A total reimbursement amount.
6. A location where the reimbursement is to be mailed.
7. A description of services provided.

(All partner agencies must be reimbursed by the agency listed on the contract).

- o RHMR Reimbursement Workbook

The RHMR Reimbursement Workbook (Course Training tab) must be completed with all pertinent information included for reimbursement.

An itemized list of personnel payroll costs for each employee instructor seeking backfill or OT reimbursement.

- o Pre-Approval Request Form

Approved applicable Pre-Approval Forms (Training and Backfill, Out of Rank) shall accompany the Reimbursement Submittal Package.

- o Receipts

Required receipts for reimbursement shall include:

1. All contractor/instructor fees
2. All facility rental fees
3. All tuition fees
4. All certification fees
5. All supply fees

Refer to Reimbursement Workbook Guidance for additional assistance.



RHMR Reimbursement Submission Package Checklist



Blood Work Treadmill Submission Checklist

- Agency Invoice

The agency invoice shall have:

1. Reference "Billed to Cal OES".
2. An invoice number.
3. A date.
4. A point of contact and contact information.
5. A total reimbursement amount.
6. A location where the reimbursement is to be mailed.
7. A description of services provided.

(All partner agencies must be reimbursed by the agency listed on the contract).

- RHMR Reimbursement Workbook

The RHMR Reimbursement Workbook (Blood Work Treadmill tab) must be completed with all pertinent information included for reimbursement.

An itemized list of personnel payroll costs for each employee seeking backfill or OT reimbursement.

- Pre-Approval Request Form

- Approved applicable Pre-Approval Forms (Backfill, Out of Rank) shall accompany the Reimbursement Submission Package.

- Receipts

Required receipts for reimbursement shall include:

1. All Medical provider receipts
2. All treadmill costs up to \$300.00 per employee (maximum 25 employees)
3. All blood work for heavy metals costs up to the maximum amount listed on agency contract (maximum 25 employees)

Refer to Reimbursement Workbook Guidance for additional assistance.