

TRAVEL EXPENSE CLAIM WORKSHEET

To: Commission/Committee Members
From: Oversight and Accountability Commission (916) 445-8696
Committee Members Contact: Kay Tucker (916) 445-8727
Commissioners Contact: Keely Connelly (916) 445-8798
Subject: **Travel Expense Claims**

Please provide the information requested on this worksheet, enclose the requested receipts, and **complete only the Claimant's name, SSAN and address** on the attached Travel Expense Claim. Please remember to sign **(in BLUE ink only)** and date the claim, and send this whole packet back to us. We will complete the claim for you and mail you a copy.

Travel Expense Claim Worksheet

1. Date you departed _____
2. Destination _____
3. Time you departed from your home _____
4. Date you returned _____
5. Time you reached your home _____
6. If you drove to the airport or the meeting, round trip mileage _____
7. If you drove, your license plate number _____
8. Any bridge tolls _____
9. Purpose of trip: _____

Include all receipts available:

- ___ Airline ticket (original ticket required or itinerary receipt for ticketless travel)
- ___ Hotel receipts (receipt should have a "zero balance")
- ___ Parking receipts
- ___ Taxi or shuttle receipts
- ___ Gas or toll receipts
- _____ Mileage

Per Diem Breakdown:

Breakfast (leave at or before 6:00 a.m. and end at or after 9:00 a.m.):	up to \$6.00
Lunch (leave at or before 11:00 a.m. and end at or after 2:00 p.m.):	up to 10.00
Dinner (leave at or before 4:00 p.m. and end at or after 7:00 p.m.):	up to 18.00
<u>Incidentals (can only be claimed for every 24 period)</u>	<u>up to 6.00</u>
Total:	up to \$40.00

Airport Parking: The state will only reimburse \$9.00 a day for economy parking at airports.

Additional notes/comments:

- After we receive your claim, we will process it within three days and send it to the Department of Mental Health's Accounting Office. Please note that the Office of the State Controller now issues Travel Reimbursement checks; the waiting period to receive your reimbursement could be longer than 3 weeks.
- Please make sure that you sign your TEC in **BLUE INK ONLY**.
- If you lose your taxi, shuttle, bus, toll or parking receipts, or, fail to provide us with the original receipts, the maximum refund you will receive for this expense will be \$10.
- Please note that DMH may combine payments for multiple TECs. (i.e. If you submitted a TEC for June and a separate TEC for May, you may get one check with both months accrued onto one check.)
- Please send this worksheet, your TEC, original receipts, and any other accounting forms to:
MHSOAC 1300 17th Street, Suite 1000 Sacramento, CA 95811
- If you have any questions please feel free to call MHSOAC at (916) 445-8727 and speak to Kay or Keely regarding your TECs.
- This process will work best if you can get your TECs back to us in a timely manner. Please help us by staying on top of your claims and getting them to us as soon as you possibly can.