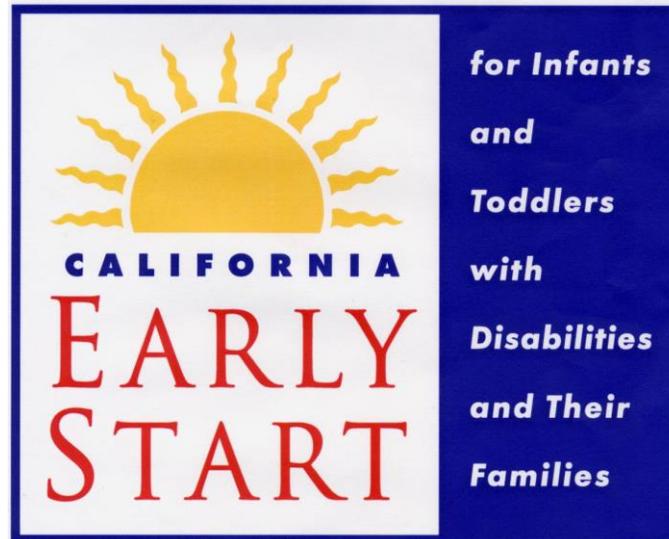


STATE INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION



Travel Policies & Procedures

“Together, we make a difference!”

Revised February 2017

TABLE OF CONTENTS

Travel Arrangements.....	Page 1
CalTravel Store (Concur).....	Page 1
User IDs & Passwords	
Travel Advances.....	Page 2
Preferred Methods of Travel.....	Page 2
Summary of Allowable Expenses.....	Page 3
A. TRANSPORTATION.....	Page 5
B. MEALS.....	Page 6
C. LODGING.....	Page 7
Excess Lodging	
Hotel/Motel Transient Tax Waiver	
Downtown Sacramento Hotels and Surrounding Area.....	Page 9
D. CHILDCARE REIMBURSEMENT.....	Page 10
E. TRAVEL CLAIM PROCESSING.....	Page 10

APPENDICES

- ⇒ **Appendix A** Childcare Reimbursement
- ⇒ **Appendix B** [Excess Lodging Rate/Request Approval \(STD 255C\)](#)
- ⇒ **Appendix C** Sample of an Excess Lodging Rate Request/Approval Packet for DDS Approval
- ⇒ **Appendix D** Hotel/Motel Transient Tax Waiver (STD 236)
- ⇒ **Appendix E** Rental Car Authorization
- ⇒ **Appendix F** Short-Term Vehicle Justification Form
- ⇒ **Appendix G** Sample Final Itinerary
- ⇒ **Appendix H** Print My Invoice Instructions
- ⇒ **Appendix I** Travel Advance Request
- ⇒ **Appendix J** Travel Comparison Matrix (DS 2164b)
- ⇒ **Appendix K** Travel Expense Worksheet Checklist
- ⇒ **Appendix L** Travel Expense Worksheet for ICC Meetings

INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION TRAVEL REIMBURSEMENT POLICIES AND PROCEDURES

TRAVEL ARRANGEMENTS

ICC Members and Community Representatives are responsible for booking their own travel through the California Travel Store (CalTravel Store). The CalTravel Store is often referred to as Concur and is the authorized Travel Management Service Provider for all State of California government travel.

The Department of Developmental Services (DDS) staff, upon receipt of your required receipts & your Travel Expense Worksheet for ICC Meetings, will process your claim through the State of California's California Automated Travel Expense Reimbursement System, also known as CalATERS system.

HOW DO I BOOK MY TRAVEL?

CALTRAVEL STORE or CONCUR

All travel arrangements (airfare, hotel, commercial car rental, and rail) must be made through the CalTravel store at www.caltravelstore.com.

- Travel **not** booked through Concur may not be refundable.
- The DDS Billing Code is 9232-90000. All travel arrangements should be reserved by logging in to your online CalTravel account.
- CalTravel Agents are available 8 a.m. to 5 p.m., Monday through Friday. If you have a concern that cannot be resolved through the training videos and guides, and you determine that it is an extreme emergency, after-hours service is available at a cost to DDS, at (877) 454-8785.

⇒ ***Please do not book reservations with the airline, rail, car, and/or hotel directly or book via internet-based travel discount programs (such as travelocity.com, orbitz.com, etc.) as the receipts cannot be itemized.***

HOW DO I RECEIVE A USER ID & PASSWORD?

Early Start & Health Services Section staff will work with the DDS Accounting Office to set-up your account. Once your profile is established by the Accounting Office, you will receive an email with your User ID and a temporary password to begin booking your travel.

Once you have received your user ID and password, visit:

- <http://www.dgs.ca.gov/travel/Programs/ConcurFAQ.aspx> to learn how to set up your profile, book a trip, and add to an existing reservation in Concur.
 - Additional Concur Travel Training Videos and Guides can be found at <http://www.dgs.ca.gov/travel/Resources/TrainingGuidesConcurTrainingDates.aspx>.
 - If you have forgotten either your User ID and/or password, please email the DDS CalATERS Help Desk at CalAtersHelp@dds.ca.gov, or call toll free at (888) 783-2837.
-
-

HOW CAN I REQUEST A TRAVEL ADVANCE?

See ICC Travel Advance Request (Appendix H)

Travel advances may be available to ICC Members to secure the room deposit, as well as other travel expenses.

Please submit your travel advance **no later than three weeks** prior to travel to allow processing time and mail delivery.

- ⇒ All Travel Advance requests must be submitted by completing the *ICC Travel Advance Request* form.
- ⇒ To reconcile your travel advance, please submit a *Travel Expense Worksheet for ICC Meetings*, and if necessary, include a personal check to repay any excess advance within 30 days.
- ⇒ If you are uncertain of the amount that is due to DDS, please contact Kim Hough at kim.hough@dds.ca.gov.
- ⇒ If travel has been cancelled or postponed, please return the check and do not hold the advance for a subsequent trip. Please remit payments to the following address:

Department of Developmental Services
Monitoring & Family Services branch, Interagency Coordinating Council
1600 Ninth Street, MS 3-11
Sacramento, CA 95814

- ⇒ A Travel Expense Claim must be submitted to clear the advance before another advance is issued.
- ⇒ If a travel advance is not reconciled, accounting with attempt to collect any amount owed to the department. If accounting does not receive any advances owed, then they will report this information to the state Franchise Tax Board.

WHAT ARE THE PREFERRED METHODS OF TRAVEL?

See Travel Comparison Matrix (Appendix J)

The State of California has policies and regulations regarding expenditure of state funds on travel, which include transportation, meals, and lodging. When booking your trip, it is recommended travelers chose the most economic, efficient, and least costly method. Travelers may use a costlier form of travel; however, **reimbursement will be made only for the method or cost which is the least costly and in the best interest of the state.**

Please refer to Sections A through D for guidelines and required forms for each specific category. If in doubt about any expense(s), please consult with Jessica.Dailey@dds.ca.gov or kim.hough@dds.ca.gov prior to incurring the expense(s).

The preferred methods of travel are outlined below to ensure reimbursements are in accordance with the California Department of Human Resources' Allowance and Travel Reimbursement Rates:

1. When traveling from Southern California to Sacramento, California, the preferred method is to fly.

A personal vehicle or rental car may be used in lieu of other transportation options if it is more cost effective. However, before driving a personal vehicle in lieu of renting a car, please complete and

submit the *Travel Comparison Matrix, (DS2164b)*, in its entirety, prior to your trip to ensure the less costly mode of transportation is being used. Any use of a rental car requires prior authorization by DDS by submitting a *Rental Car Authorization* form.

2. Members and Community Representatives are not required to share a room. In the interest of receiving the correct reimbursement amount, it is preferred that each traveler book their own individual room.

If travelers choose to share a room and the hotel charges an extra person fee, DDS will only reimburse the maximum allowed per county/city, as outlined under Section C, Lodging. DDS will reimburse only the individual that incurred the expense and is listed on the invoice.

3. Members and Community Representatives are not required to Ride Share. However, before using ground transportation services such as a taxicab, Lyft, and/or Uber, travelers should compare options to ensure the most economical mode of transportation is being used.

There is a no cost online fare comparison service available, <http://www.whatsthefare.com/>. If this service is used, a copy should be printed out and submitted with your travel claim to DDS.

If travelers choose to Ride Share, they must **divide the fare among each passenger and each person must obtain their own receipt as proof of payment** for a reasonably priced mode of transportation are required for each claim.

SUMMARY OF ALLOWABLE EXPENSES

See Travel Expense Worksheet Checklist and Worksheet for ICC Meetings (Appendix K & L)

Travel Policies and Procedures, outlines allowances and travel reimbursement rates approved by the Department of Personnel Administration. ICC Members and Community Representatives will be reimbursed for the actual cost, up to the maximum allowance, for each meal, lodging, personal vehicle mileage, taxi, shuttle service, parking, and bridge tolls (See Sections A-D for Allowances) for each complete 24 hours of travel. Following the requirements and guidelines below will help DDS expedite your travel claim:

1. HOW DOES BILLING WORK?

ICC Members and Community Representatives may use direct billing for taxi expenses. Please refer to Section A, Transportation to obtain the DDS Billing Code and instructions.

⇒ Please note, even if using direct billing for taxi expenses, **travelers are required to compare options** to ensure the most economical mode of transportation is being used.

2. DO I SAVE RECEIPTS?

Receipts are essential when claiming reimbursement for lodging and airline/rail tickets. There are **no exceptions** to this policy. Travelers are responsible for retaining receipts and other records of expenses in the event of an audit. If a receipt is lost, state how it was lost in the Notes Section on the *Travel Expense Worksheet or ICC Meetings*. However, when claiming reimbursement for lodging, transportation, and airline/rail tickets, lost receipts statements are **not** acceptable.

3. CAN I TRAVEL IN ADVANCE OR STAY ADDITIONAL TIME AFTER THE MEETING?

- a) **State or state sponsored meetings:** Requesting travel for up to three days before the ICC meetings can be requested. **If the cost is more, then the traveler will be reimbursed at the cost that would have been incurred for the travel taken for the ICC meeting.**

NOTE: Lodging and per diem is not allowable for travel in advance or following the meeting for non-ICC meetings. Lodging for advanced travel or following the meeting **cannot** be booked in the CalTravel Store. Transportation expenses are the only expense allowable in this instance.

Requesting travel in advance **must** be pre-approved by sending an email to jessica.dailey@dds.ca.gov and kim.hough@dds.ca.gov and receiving an email back from either approving the request. Documentation of the travel date comparisons **must** be submitted with the email request. **In addition, the approval must be included with your travel claim.**

- b) **When traveling the day of the meeting isn't practical:** Travel and per diem for the day prior to the ICC meetings **must** be pre-approved by sending an email to jessica.dailey@dds.ca.gov and kim.hough@dds.ca.gov and receive an email back from either approving the request. Requesting travel and per diem for the day before the meeting can be requested when arrival for the first day of the meeting is not practical. **This approval must be included with your travel claim.**

4. CAN I SHARE A ROOM WITH ANOTHER ICC MEMBERS/REPRESENTATIVES?

Travelers can share a room with another member/representative but are not required to do so. There can be only one person claiming the expense and that individual will be reimbursed for the lodging expenses.

5. WHAT DO I SUBMIT WITH MY TRAVEL CLAIM?

Travelers are required to submit a final travel itinerary with each travel claim (for airline, rail, or car rental, which are pre-paid by DDS through the CalTravel Store) to **substantiate** expenses, not the Trip Overview. Copies of a Final Itinerary can be retrieved one of two ways:

⇒ Confirmation email from the Department of General Services (DGS) or the CalTravel Store, which includes the actual costs charged. On this email confirmation the last four digits of DDS' American Express Card will be listed.

OR

⇒ Select "Print My Invoice" from <http://www.caltravelstore.com/helpful-links>.
(For further instructions, please refer to the Forms Section, "How to Use Print My Invoice?")

6. WHAT DETAILS SHOULD BE INCLUDED WITH MY TRAVEL CLAIM DOCUMENTS?

- ⇒ Receipts must show only the ICC Member or Community Representative's name claiming reimbursement. Submitted receipts must show the correct date and substantiate all travel expenses in the claim. Receipts, dates, and claimed expenses must correspond with the *Travel Expense Worksheet for ICC Meetings*. If there are receipts, small in size, label and tape them to a blank 8-1/2" x 11" piece of paper. Several receipts can be taped on one 8-1/2" x 11" piece of paper.
- ⇒ The *Travel Expense Worksheet for ICC Meetings* should be mailed, along with required receipts to the following address:

Department of Developmental Services
Monitoring & Family Services Branch, Interagency Coordinating Council
1600 Ninth Street, MS 3-11
Sacramento, CA 95814

A. TRANSPORTATION

Please choose the most economical mode of travel. Travelers may use a costlier form of transportation; however, they will only be reimbursed at the least-costly rate. In such cases, a cost-comparison must be completed to determine the least-costly rate.

The *Travel Comparison Matrix (DS2164b) (Appendix J)* must be completed, in its entirety, when using a private vehicle in lieu of air travel, and shall be submitted with your travel claim.

For example, if you decide to drive from Los Angeles to Sacramento in lieu of flying, DDS will only reimburse for the lesser-costly mode of transportation, which may be the flight.

Reimbursement will be made only for the method/cost of transportation which is in the best interest of the State. A personal or rental car may be used in lieu of other transportation options if it is more cost effective. Any use of a rental car requires prior authorization, in writing, by DDS and must be included with your travel claim.

<p>AIRLINE/RAIL (PRE-PAID BY DDS)</p>	<p>Flight or rail reservations are booked using the Concur website at http://www.caltravelstore.com. Travelers should always select fares in accordance with State and DDS policy. A green “reserve” button next to the price indicates this.</p> <p>Submit a copy of the final itinerary from Concur, not the Trip Overview. A copy of a Final Itinerary is located in the Appendices Section. (See Appendix G for sample)</p>
<p>PERSONAL VEHICLE MILEAGE</p>	<p>Due to liability, it is in the best interest of the traveler <u>and</u> the State to utilize a car rental versus a personal vehicle. If the traveler gets in an accident, or breaks down, in their own car, the traveler is responsible for getting their vehicle to a repair shop, as well as any unexpected lodging expenses incurred, and/or travel to retrieve their vehicle. A traveler may still wish to use his/her own vehicle, despite the potential liability issues.</p> <p>Before driving a personal vehicle, please thoroughly complete the <i>Travel Comparison Matrix</i>, (DS2164b), prior to your trip to ensure the less costly mode of transportation is being used. After it is determined that driving a personal vehicle is the less costly mode of transportation:</p> <p>⇒ Actual mileage to and from the meeting will be reimbursed at .535 cents per mile with the maximum allowance up to the cost of state contracted airline transportation.</p> <p>⇒ Actual mileage to and from the airport will be reimbursed at .535 cents per mile. Your automobile license plate number will need to be listed on your <i>Travel Expense Worksheet for ICC Meetings</i>.</p> <p>Calculate your mileage from <u>home to the airport</u> or <u>home to the meeting</u> by using www.mapquest.com, and print, and submit the directions with the mileage shown.</p>
<p>GROUND TRANSPORTATION SERVICES (LYFT, SHUTTLE SERVICE, TAXI, UBER)</p>	<p>It is <u>recommended</u> that a traveler use Lyft or Uber for travel within Sacramento. Taxicabs may be cost prohibitive, but still may be used.</p> <p>Before using ground transportation services such as Lyft, Super Shuttle, taxicabs, or Uber, travelers must compare options to ensure the most economical mode of transportation is being used. For detailed information, please refer to <i>Preferred Method of Travel, #4</i>.</p>

	<p>For those using taxicabs, those not using State contracted taxicab companies should be sure that their receipts are clearly marked for taxicab fare only. All taxicab receipts must include the <u>driver’s name, taxicab number, phone number, and date</u>. Tips are not reimbursable and are to be paid separately and clearly delineated from the taxicab fare on the receipt.</p> <p>Travelers may use taxicabs via the following methods:</p> <p>⇒ <u>DIRECT BILLING**</u> To avoid paying out-of-pocket, travelers may bill DDS directly for taxicab expenses. On each receipt, the traveler must write the DDS Billing Code (86462), the name “Interagency Coordinating Council,” and provide your signature. Only approved taxicab companies that contract with the State should be used. When the traveler calls for a taxicab, s/he should ask if the company accepts State payment.</p> <p>⇒ <u>REIMBURSEMENT</u> Receipts are required for reimbursement of any amount over \$10.00. All receipts must be submitted with your travel claim and indicate “Department paid.”</p> <p><u>Taxicabs Accepting Direct Billing</u> The following three companies accept direct billing:</p> <ul style="list-style-type: none"> ⇒ Yellow Cab Company of Sacramento: (916) 444-2222 ⇒ Eddie’s Taxicab Services: (916) 761-0298 ⇒ Tim’s Cab Services: (916) 847-7922 <p>⇒ <u>Sharing a taxicab:</u> Travelers sharing a taxicab, to come to the ICC, should delineate one traveler to pay the taxicab fare. There can be only one person claiming the expense and that individual will be reimbursed for the taxicab fare. The receipt should indicate how many individuals shared the taxicab and state “shared taxicab for cost savings.” Travelers must compare options to ensure the most economical mode of transportation is being used, including direct billing.</p>
<p>CAR RENTAL (PRE-PAID BY DDS)</p>	<p>Due to liability, it is in the best interest of the traveler and the State to utilize a car rental versus a personal vehicle.</p> <p>Car rentals must be booked using the Concur website at http://www.caltravelstore.com. Any use of a rental car requires prior authorization, by submitting the <i>Rental Car Authorization</i> form (Appendix E) to DDS. <i>Submit the pink rental receipt and the approved Rental Car Authorization form with your travel claim.</i></p> <p>⇒ <u>Traveling together or other need for a larger vehicle:</u> If traveling together with another member/representative, and it would be more economical to rent a larger vehicle <u>or</u> the traveler has another justifiable need for a larger vehicle, the traveler must complete a <i>Short-Term Vehicle Justification Form</i>. Prior approval from DDS must be granted in order to rent a larger vehicle.</p> <p>⇒ <u>Ridesharing in a car rental:</u> The traveler renting the car should be the one to pay for any gas costs and keep the receipts. If the traveler is sharing a rental car and the other traveler pays for the gas, they will not be reimbursed for gas costs.</p>

PARKING/BRIDGE TOLLS	<p>The least-costly parking option should be used.</p> <p>Receipts are required for reimbursement of any amount over \$10.00.</p> <p>Airport parking cannot exceed the economy, long-term rate for that airport. Hotel parking cannot exceed the cost of self-parking rates. Tips for parking attendants are not reimbursable.</p> <p>Submit your original receipt(s).</p>
-------------------------	---

B. MEALS

All meals claimed are to be for the **actual amount of expense**, up to the maximum allowed. Since no provision requires submission of meal receipts, it is the traveler's responsibility to retain receipts and other records of expense in the event of an audit. **No lunch or incidentals may be claimed on trips of LESS than 24 hours.** When trips are less than 24 hours and there is no overnight stay, meals claimed are taxable.

Travelers 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 breakfast such as rolls, juice, and coffee are not considered to be meals.

MEAL REIMBURSEMENT

BREAKFAST	Up to \$7.00	May be claimed for a trip that begins at or before 6:00 a.m. and ends after 8:00 a.m.
LUNCH	Up to \$11.00	May be claimed for a trip that begins at or before 11:00 a.m. and ends at or after 2:00 p.m. on the following day.
DINNER	Up to \$23.00	May be claimed for trips that begin at or before 5:00 p.m. and end at or after 7:00 p.m.
INCIDENTALS	Up to \$5.00	May be claimed for trips over 24 hours. The term "incidental expenses" means fees and tips given to porters, baggage carriers, hotel staff, and staff on ships. It is important to note that no other items may be claimed as incidentals.

⇒ Travelers are reimbursed for meals upon the submission of a travel claim.

C. LODGING

Travel must be 50 miles or more from home to claim lodging expense. The *Establishment of Headquarters* form determines appropriate reimbursement or travel expenses incurred related to the Interagency Coordinating Council and is defined as a place from which you leave and/or return upon completion of ICC business travel.

Original receipts with a zero balance are required to substantiate actual lodging expenses. Original receipt(s) must also show only the ICC Member or Community Representative's name.

Travel and per diem for the day prior to the ICC meetings must be pre-approved by sending an email to jessica.dailey@dds.ca.gov and kim.hough@dds.ca.gov. Requesting travel and per diem the day before the meeting can be requested when arrival on the first day of the meeting is not practical. This approval must be included with your travel claim.

⇒ Travelers are reimbursed for lodging upon the submission of a travel claim.

STATE LODGING RATES

All Counties/Cities located in California (except as noted below):	Actual lodging expense, supported by a receipt, up to \$90 per night, plus tax.
Napa, Riverside, and Sacramento Counties	Actual lodging expense, supported by a receipt, up to \$95 per night, plus tax.
Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica	Actual lodging expense, supported by a receipt, up to \$120 per night, plus tax.
Alameda, Monterey, San Diego, San Mateo, Santa Clara Counties	Actual lodging expense, supported by a receipt, up to \$125 per night, plus tax.
San Francisco County and the city of Santa Monica	Actual lodging expense, supported by a receipt, up to \$150 per night, plus tax.

DDS recommends that travelers reserve their hotel **at least three weeks in advance** to ensure that state lodging rates are honored. If lodging costs are in excess of the allowable State rates listed above when booking a hotel via Concur, please do the following:

EXCESS LODGING

1. Book your reservation via Concur with the higher rate and contact the hotel **directly** to seek an adjustment at the state rate.
2. If hotel personnel are unable to apply the state rate, please contact the DDS CalATERS help desk at CalAtersHelp@dds.ca.gov or (916) 654-1320, who will, in turn, contact Concur staff.
3. If DDS Accounting staff are not able to secure the state rate, **an [Excess Lodging Rate/Request Approval form \(STD 255C\)](#) (Appendix B) must be completed and submitted by the traveler and be approved by DDS staff prior to the trip taking place.**

The traveler is responsible for submitting the form including a justification for the higher rate, and submit documentation from three (3) contacted lodging establishments (e.g., a print-out of room rates and availability for the date(s) of travel). The three quotes can be completed and printed **via** the CalTravel store.

- a. Submit your Excess Lodging Rate/Request Approval form, along with the documentation noted above to DDS.
- b. The form will be reviewed and signed by DDS Early Start and Health Services Section staff and routed to our Administration Division for approval.

Without CalHR's approval prior to traveling, anyone having lodging costs over the allowable room rate per night, plus tax, will not be reimbursed beyond the maximum.

- c. DDS Early Start and Health Services Section staff will provide the traveler with a copy of the approved STD 255C which must be submitted, along with the lodging comparisons with their travel claim, following travel.

A sample of an Excess Lodging Rate/Request Packet for DDS Approval is included in the Appendices Section.

As CALHR requires a minimum of 10 days advance notice, please submit a [STD 255C](#) at least two weeks in advance of the trip. No request will be considered after the date of travel. The *Excess Lodging Rate/Request Approval* form is available at <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std255C.pdf>, or in the Forms Section of this document.

APPROVED FORM

- ⇒ Once the *Excess Lodging Rate/Request* form is approved by DDS, a program staff person will forward a complete copy of the packet to you via email.
- ⇒ This approved copy must be included with your travel claim.
- ⇒ Travelers are responsible for paying the standard room rate per night, plus tax, as well as the excess, in advance.
- ⇒ Travelers will be reimbursed once the travel claim is submitted and approved.

HOTEL/MOTEL TRANSIENT TAX WAIVER (STD 236) (APPENDIX D)

- ⇒ Fill out the *Hotel/Motel Transient Tax Waiver (STD 236)* to get your Hotel/Motel Transient Occupancy Tax waived.
- ⇒ Please note that not all hotel/motel operators will honor this form as they are not mandated to do so.

DOWNTOWN SACRAMENTO HOTELS AND SURROUNDING AREA

There are many hotel options available in the area. The list below includes a few options:

[Best Western Plus Sutter House](#)

1100 H Street, Sacramento, CA 95814
Sacramento, CA 95814
(800) 568-8520

[Hawthorn Suites by Wyndham Sacramento](#) (less than 10 minutes from downtown)

321 Bercut Drive
Sacramento, CA 95814
(800) 337-0200

[Holiday Inn Capitol Plaza](#)

300 J Street
Sacramento, CA 95814
(888) 465-4329

[Holiday Inn Express Sacramento Convention Center](#)

728 16th Street
Sacramento, CA 95814
(877) 859-5095

[Inn Off Capitol Park](#)

1530 N Street
Sacramento, CA 95814
[\(800\) 491-9631](#)

[Sheraton Grand Sacramento Hotel](#)

1230 J Street
Sacramento, CA 95814
(916) 447-1700

Be sure to check the CalTravel Store to see if the State rate is available

D. CHILDCARE REIMBURSEMENT

ICC Members, who are a parent of a child with special needs, may claim reasonable childcare costs for meeting attendance by submitting the *Childcare Reimbursement Receipt*. Include the child's name, dates of care, name and an original signature from the provider, number of hours, cost per hour, and total cost of care.

Childcare for out-of-state travel must be pre-approved, in writing, by DDS and included with your travel claim.

Travelers are reimbursed for childcare expenses upon submission of a travel claim.

TRAVEL CLAIM PROCESSING

- ⇒ The Department asks that you try to submit your travel claims no later than 30 days after each meeting, *effective June 1, 2016*.
- ⇒ Upon receipt of an ICC Member or Community Representative's travel claim, the Department of Developmental Services' (DDS) Early Start and Health Services Section staff review documentation to ensure all expenses are substantiated and input information into an automated reimbursement system on their behalf. If supplemental information is needed, please submit within 14 days.
- ⇒ Once the claim is approved and routed electronically to the DDS Accounting office, the Accounting office performs an in-depth review. Once the claim is approved, it is sent electronically to the State Controller's Office.
- ⇒ The State Controller's Office performs a final review, prepares the claim for payment, and sends the reimbursement check, via U.S. mail, to the ICC Member or Community Representative. DDS staff will forward a copy of a system generated email from CalATERS Global once the payment has entered the payment process. Once you receive this email, your check should arrive within **ten** business days.
- ⇒ Please note that your check will not include a reference to the ICC.
- ⇒ If your mailing address has changed, please notify [Kim Hough](#) to avoid delays in receiving your reimbursement check.

APPENDICES

Please remember to submit all required forms with your travel claim, as noted in these instructions.

APPENDIX A

ICC CHILDCARE REIMBURSEMENT

ICC Members, who are a parent of a child with special needs, may claim reasonable childcare costs for meeting attendance by submitting a signed warrant receipt with the following information:

- Child's name
- Dates
- Name and Signature of the provider
- Number of hours, and
- Cost per hour from the provider

Childcare for out-of-state travel must be pre-approved, in writing, by DDS and included with your travel claim.

.....

RECIPT FOR CHILD CARE SERVICES

Name of Interagency Coordinating Council Member

Name of Child: _____

Dates Care Provided: ____/____/____ through ____/____/____

Cost per Hour: _____ Number of Hours: _____ Total Cost of Care: _____

Name of Provider: _____

Provider Signature: _____
Original signature must be turned in with claim

Written Approval from DDS Attached, if travel was outside of California

APPENDIX B

STATE OF CALIFORNIA - DEPARTMENT OF HUMAN RESOURCES

EXCESS LODGING RATE REQUEST / APPROVAL

STD. 255C (Rev. 12/2013)

Advance CALHR approval is required for lodging rates that exceed the delegated reimbursement rates. Submit APPROVED request with Travel Claim.

CLAIMANT'S NAME <i>(Print or Type)</i>	PRIMARY RESIDENCE <i>(City, State, and ZIP Code)</i>	WORK PHONE NUMBER <i>(Include Area Code)</i>
AGENCY/DEPARTMENT	DIVISION/OFFICE	HEADQUARTERS CITY

CURRENT STATE LODGING REIMBURSEMENT RATES (Represented Employees- Consult your MOU for applicable rates)

All California counties not listed below:	Actual expense up to \$90 per night, plus tax
Napa, Riverside, and Sacramento Counties:	Actual expense up to \$95 per night, plus tax
Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the City of Santa Monica:	Actual expense up to \$120 per night, plus tax
Alameda, Monterey, San Diego, San Mateo, and Santa Clara Counties:	Actual expense up to \$125 per night, plus tax
San Francisco County and the City of Santa Monica:	Actual expense up to \$150 per night, plus tax

TRAVEL DATES	FROM <i>(Month, Day and Year)</i>	LODGING INFORMATION	LODGING NAME	
	TO <i>(Month, Day and Year)</i>		ADDRESS	
POINT OF ORIGIN				
DESTINATION		PHONE	ROOM RATE	
REASON FOR TRIP				

AGENCY/DEPARTMENT APPROVAL (Advance Approval is Required)	CALHR APPROVAL REQUIRED (Advance Approval is Required)
Lodging Rate above State Rate, up to \$150: All Travel (Regular & Conferences/Conventions)	Lodging Rate over \$150: All Travel (Regular & Conferences/Conventions)

REASON(S) FOR HIGHER LODGING RATE

- Employee requires a "reasonable accommodation"
 No transportation available to alternative lodging
 No alternative lodging available
 Emergency/short-notice travel
 Transportation cost to alternate lodging brings overall cost to an amount equal to or greater than requested lodging
 Other

Submit all requests 10 days prior to the trip taking place; after-the-fact requests will not be approved. Demonstrate a "Good Faith" effort to obtain lodging at or below the State rate for the travel destination by documenting a minimum of 3 lodging quotes. Attach copies of agenda and registration. Justify reasons checked above.

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

CLAIMANT'S SIGNATURE	DATE SIGNED
CLAIMANT'S TITLE	CBID

AGENCY/DEPARTMENT CONTACT <i>(Print or Type)</i>	CONTACT'S TITLE	CONTACT'S PHONE NUMBER
--	-----------------	------------------------

DEPARTMENTAL APPROVAL <i>(Signature)</i>	NAME/TITLE	DATE APPROVED

CAL HR APPROVAL <i>(Signature)</i>	NAME/TITLE	DATE APPROVED

APPENDIX C

STATE OF CALIFORNIA - DEPARTMENT OF HUMAN RESOURCES
EXCESS LODGING RATE REQUEST / APPROVAL
 STD. 255C (Rev. 12/2013)

SAMPLE OF AN EXCESS LODGING
 PACKET FOR DDS APPROVAL

**Advance CALHR approval is required for lodging rates that exceed the delegated reimbursement rates.
 Submit APPROVED request with Travel Claim.**

CLAIMANT'S NAME (Print or Type) ICC Member or Community Rep. Name	PRIMARY RESIDENCE (City, State, and ZIP Code) Los Angeles, CA 90049	WORK PHONE NUMBER (include Area Code)
AGENCY/DEPARTMENT DDS Interagency Coordinating Council	DIVISION/OFFICE	HEADQUARTERS CITY Los Angeles

CURRENT STATE LODGING REIMBURSEMENT RATES (Represented Employees- Consult your MOU for applicable rates)

All California counties not listed below:	Actual expense up to \$90 per night, plus tax
Napa, Riverside, and Sacramento Counties:	Actual expense up to \$95 per night, plus tax
Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the City of Santa Monica:	Actual expense up to \$120 per night, plus tax
Alameda, Monterey, San Diego, San Mateo, and Santa Clara Counties:	Actual expense up to \$125 per night, plus tax
San Francisco County and the City of Santa Monica:	Actual expense up to \$150 per night, plus tax

TRAVEL DATES	FROM (Month, Day and Year) April 21, 2016	LODGING INFORMATION	LODGING NAME Holiday Inn Capitol Plaza
	TO (Month, Day and Year) April 22, 2016		ADDRESS 300 J Street
POINT OF ORIGIN Los Angeles			Sacramento, CA
DESTINATION Sacramento		PHONE 916 446 0100	ROOM RATE 153.00

REASON FOR TRIP
Attend the _____ (month) Interagency Coordinating Council Meeting.

AGENCY/DEPARTMENT APPROVAL (Advance Approval is Required)	CALHR APPROVAL REQUIRED (Advance Approval is Required)
Lodging Rate above State Rate, up to \$150: All Travel (Regular & Conferences/Conventions)	Lodging Rate over \$150: All Travel (Regular & Conferences/Conventions)

REASON(S) FOR HIGHER LODGING RATE

- Employee requires a "reasonable accommodation"
 No transportation available to alternative lodging
 No alternative lodging available
 Emergency/short-notice travel
 Transportation cost to alternate lodging brings overall cost to an amount equal to or greater than requested lodging
 Other

Submit all requests 10 days prior to the trip taking place; after-the-fact requests will not be approved. Demonstrate a "Good Faith" effort to obtain lodging at or below the State rate for the travel destination by documenting a minimum of 3 lodging quotes. Attach copies of agenda and registration. Justify reasons checked above.

State rate not available in the downtown area for April 21st. The Citizens Hotel is sold out and The Ascend at the Park is a longer distance from the meeting. The Holiday Inn is within walking distance of the meeting. See that attached lodging quotes.

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

CLAIMANT'S SIGNATURE 	DATE SIGNED 4/18/16
CLAIMANT'S TITLE ICC Member of Community Representative	CEID

AGENCY/DEPARTMENT CONTACT (Print or Type)	CONTACT'S TITLE	CONTACT'S PHONE NUMBER
---	-----------------	------------------------

DEPARTMENTAL APPROVAL (Signature) 	NAME/TITLE	DATE APPROVED
---------------------------------------	------------	---------------

CAL HR APPROVAL (Signature) 	NAME/TITLE	DATE APPROVED
---------------------------------	------------	---------------

APPENDIX C (CONTINUED)

Hotel Search Results - Print / Email

Check-in Thu, Apr 21 - Check-out Fri, Apr 22

Compare List	
<p>1. Holiday Inn Sacramento-Capitol P... </p>  <p>300 J St Sacramento, CA 95814 0.59 miles view map</p> <p align="right">rate this hotel</p>	<p>from \$153</p>
more info remove	choose room >
<p>2. The Citizen Hotel, Autograph Col... </p>  <p>926 J Street Sacramento, CA 95814 0.23 miles view map</p> <p align="right">rate this hotel</p>	<p>Sold Out</p>
more info remove	choose room >
<p>3. Inn Off Capitol Park, Ascend Col...</p>  <p>1530 N St Sacramento, CA 95814 0.71 miles view map</p> <p align="right">rate this hotel</p>	<p>from \$112</p>
more info remove	choose room >
<p>4. Best Western Plus Sutter House</p>  <p>1100 H St Sacramento, CA 95814 0.09 miles view map</p> <p align="right">rate this hotel</p>	<p>Sold Out</p>
more info compare	hide rooms =
<p> This property is not available for these dates.</p>	
<p>5. The Sterling Hotel</p>	<p>from \$279</p>



APPENDIX D

STD. 236 HOTEL/MOTEL TRANSIENT TAX WAIVER

The STD. 236 is required to have the Hotel/Motel Transient Occupancy Tax waived, fill out the STD 236 below, submit the form to the Hotel/Motel operator, and keep a copy for your records.

Please note that not all hotel/motel operators will honor this form as they are not mandated to do so.

STATE OF CALIFORNIA

HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
(EXEMPTION CERTIFICATION FOR STATE AGENCIES)
STD.236 (NEW 9-91)

HOTEL/MOTEL OPERATOR:

RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS
PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY

DATE EXECUTED

TO: HOTEL/MOTEL NAME

HOTEL/MOTEL ADDRESS (Number, street, city, state, ZIP code)

This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicted below; that the charges for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

OCCUPANCY DATE(S)

AMOUNT PAID
\$

STATE AGENCY NAME

Department of Developmental Services

HEADQUARTERS ADDRESS

1600 Ninth Street, Rm 330, M.S. 3-11, Sacramento, CA 95814

TRAVELER'S NAME (Print or Type)

I hereby declare under the penalty of perjury that the foregoing statements are true and correct.

EXECUTED AT: (City)

TRAVELER'S SIGNATURE

DATE SIGNED

, CALIFORNIA

APPENDIX G

SAMPLE Final Itinerary



Statewide Travel Program
STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES

TravelStore/Caltravelstore
707 3rd Street
3rd. Floor
West Sacramento, CA 95606
Ph: 877-454-8785
Fx: 916-376-3999

ADD TO OUTLOOK

Wednesday, 30MAR 2016 04:19 PM EDT

Passenger:

Agency Reference Number: MUZTRG

Please review the itinerary below for accuracy and verify that names appear exactly as on photo ID or passport. Contact our office within 24 hours if you notice any discrepancies.

International Travel: When traveling internationally a passport or visa may be required and in most cases your passport must be valid for at least 6 months beyond your return travel date. Please be sure to verify requirements with your agent, [click here](#) or navigate to <http://travel.state.gov>

AIR	Monday, 9MAY 2016	
	Southwest Airlines	Flight Number: 2044
	From: (SMF) Sacramento CA, USA	Class: S-Coach/Economy
	To: (ONT) Ontario CA, USA	Depart: 08:35 AM
	Stops: Nonstop	Arrive: 09:50 AM
		Duration: 1 hour(s) 15 minute(s)
		Status: CONFIRMED
		Miles: 390 / 624 KM
	Equipment: Boeing 737-700 Jet	
	DEPARTS SMF CENTRAL TERMINAL B - ARRIVES ONT TERMINAL 4	
	SOUTHWEST CONFIRMATION NBR IS 99MGYR	
AIR	Thursday, 12MAY 2016	
	Southwest Airlines	Flight Number: 3189
	From: (ONT) Ontario CA, USA	Class: Y-Coach/Economy
	To: (SMF) Sacramento CA, USA	Depart: 12:30 PM
	Stops: Nonstop	Arrive: 01:45 PM
		Duration: 1 hour(s) 15 minute(s)
		Status: CONFIRMED
		Miles: 390 / 624 KM
	Equipment: Boeing 737-700 Jet	
	DEPARTS ONT TERMINAL 4 - ARRIVES SMF CENTRAL TERMINAL B	
	SOUTHWEST CONFIRMATION NBR IS 99MGYR	
OTHER	Tuesday, 8NOV 2016	
	WE APPRECIATE YOUR BUSINESS	

PLEASE TAKE A MOMENT TO FILL OUT OUR CUSTOMER SERVICE SURVEY AT WWW.SURVEYMONKEY.COM/SHQHJ8PF
CALTRAVELSTORE PHONE NUMBER 877 454-8785
NO HOTELS REQUESTED ON THIS ITINERARY
NO CARS REQUESTED ON THIS ITINERARY
PLEASE PRESENT/RECONFIRM YOUR FREQUENT TRAVELER NUMBER UPON CHECK IN.
SOUTHWEST TICKETS ARE VALID ON SOUTHWEST AIRLINES ONLY.
SOUTHWEST DOES NOT PRE-ASSIGN SEATS
ALL FLIGHTS REQUIRE CHECK IN ONLINE OR AT THE AIRPORT

APPENDIX G (Continued)

SAMPLE Final Itinerary

Ticket/Invoice Information

Ticket for:

Ticket Nbr: WN2196964861 Electronic Tkt: No Amount: 335.97

Base: 288.62 Tax: 47.35

Charged to: AX*****1018

Total Tickets: 335.97

Total Amount: 335.97

→ This is the version that should be submitted with your travel claim

Click here for carrier Baggage policies and fees:

[Southwest](#)

Visit us online for additional travel information.

Check In: It is advised you check in a minimum of 1 - 1.5 hours prior to departure for domestic flights, and 2 - 3 hours for international flights.

E-Tickets: You must provide proper photo I.D. and flight numbers or airline confirmation number to obtain your boarding pass.

Baggage: Checked baggage policies vary by airline, frequent flyer status, booking class, bag size, and weight. Fees may apply if you plan to check bags, or you plan to carry sports equipment, or an odd-shaped item, or your bag exceeds airline weight limits.

Aircraft Disinsection Notice: Some countries require insecticide spraying of aircraft prior to a flight or while you are on the aircraft. Federal law requires that we refer you to [DOT's disinsection website](#) or navigate to <http://www.dot.gov/office-policy/aviation-policy/aircraft-disinsection-requirements>.

Hazardous Materials: Federal law forbids the carriage of certain hazardous materials, such as aerosols, fireworks, and flammable liquids, aboard aircraft. If you do not understand these restrictions, contact your airline or go to http://www.faa.gov/about/initiatives/hazmat_safety/.

Additional terms and conditions apply [click here](#) or navigate to <http://www.travelstore.com/legal> to review.

For after Hours Emergency Service while traveling within the U.S. please call: 1-877-874-9111 and use VIT code: SRX0F. A fee applies to all emergency assistance calls and is in addition to standard processing fees. If the toll free number listed does not work from your calling area then you may call 682-233-1914 direct or place a collect call to 817-358-8606.



TSA Secure Flight Program Information [click here](#) or navigate to <http://www.tscorporate.com/tsa> to review.

APPENDIX H

PRINT MY INVOICE INSTRUCTIONS

How to Use Print My Invoice?

- ⇒ Refer to your itinerary in your Concur trip library to locate the Record Locator (Agency Reference Number), Ticket Number, or Confirmation Number.
- ⇒ If you are searching by ticket number, a 10-digit number is required. If you have a 13-digit ticket number, omit the first three digits.
 - ⇒ **For example**, if you have a Southwest ticket number 5262100259961, omit the first 3 digits- 526, and search 2100259961 as the ticket number.
- ⇒ Please Note: If you made any changes directly with the airline, those changes will not be displayed on the invoice. You will have to contact the airline directly for an updated invoice.
- ⇒ If you need to obtain an itemized car rental receipt from Enterprise, click [here](#).
- ⇒ Invoice data is available online 24 hours after the original purchase date/time and is retained for a 30-month time period.
- ⇒ If you are unable to locate your invoice, please contact your CalTravel Store representative at (877) 454-8785.

PRINT MY INVOICE

Print My Invoice

How to Use *Print My Invoice*

- Invoice data is available online 24 hours after the original purchase date/time and is retained for a 30 month time period.
- If you are unable to locate your invoice, please contact your TravelStore representative.
- If you are unable to locate your invoice, please contact your TravelStore representative.

Traveler First Name

Traveler Last Name

Invoice #
 Record Locator
 Ticket / Confirmation #

Show Invoices As:
 Single PDF
 List

Print My Invoice

APPENDIX I

ICC TRAVEL ADVANCE REQUEST

Date:		Name:	
<input type="checkbox"/> Member	<input type="checkbox"/> Community Representative	Destination:	
Departure Date:	Departure Time:	Return Date:	Return Time:
Travel Advance Amount Requested: \$ _____			
Method of Check Delivery <i>(Check will be mailed to the address on file)</i>		<input type="checkbox"/> Mail	<input type="checkbox"/> Deliver at Meeting
Date Check is Needed: _____ <i>(Please request a travel advance no later than three weeks prior to travel)</i>			
Estimated Cost of Travel		Reason for Travel:	
Number of Days*		Mode of Travel: <i>(Most economical to the State)</i>	
Air Fare/Rail	\$		
Parking (Airport)	\$		
Hotel	\$		
Meals	\$		
Other	\$		
CAR			
Private	\$	<input type="checkbox"/> Rental Car	<input type="checkbox"/> Private Car**
Rental Car	\$	**If using private vehicle in lieu of air, attach Travel Comparison Matrix (DS2164b)	
Gas	\$		
TOTAL	\$		

* Travel and per diem for the day prior to the ICC meetings **must** be pre-approved, in writing, by DDS, and must be included with this form and submitted with your travel claim.

<p>TRAVEL ADVANCES I hereby certify that the above travel advance is necessary to defray my anticipated reimbursable expense while traveling on business for the State of California away from my designated headquarters. I understand and agree that this amount may be deducted in full from any and all funds payable by the State to me following the receipt of the amount requested. <i>Note: Travel advance requested amount should not include Airfare/Rail and/or rental car, as these items are paid directly by the Department.</i></p>		
Signature		
EARLY START & HEALTH SERVICES SECTION USE ONLY		
Signature – Assistant Chief	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date
Signature – Section Chief	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date
Outstanding Advance <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Entered into CalATERS System		
<input type="checkbox"/> Entered into Log	Check Number:	

APPENDIX J

State of California—Health and Human Services Agency

Department of Developmental Services

TRAVEL COMPARISON MATRIX
DS 2164b (8/2010)

Trip: _____

Dates: _____

AIR TRAVEL COST

- | | | | | | |
|---------------------------|----------------------------|------------------|-------------------------------|--------------------|-----------------|
| 1. | Miles from home to airport | _____ X | _____ X | = | \$ _____ |
| | | One-way
Miles | Mileage Rate
Claimed | Number of
Trips | |
| 2. | Roundtrip Air Fare | \$ _____ | (Rates from current contract) | | |
| 3. | Airport Parking | \$ _____ | | | |
| 4. | Car Rental | \$ _____ | | | |
| 5. | Gasoline | \$ _____ | | | |
| 6. | Meals | \$ _____ | | | |
| Total Travel Costs | | | | | \$ _____ |

DRIVING COSTS

- | | | | | | |
|----------------------------|--|------------------|-------------------------|--------------------|-----------------|
| 1. | Roundtrip distance from your home to destination | _____ X | _____ X | = | \$ _____ |
| | | One-way
Miles | Mileage Rate
Claimed | Number of
Trips | |
| 2. | Meals | \$ _____ | | | |
| Total Driving Costs | | | | | \$ _____ |

Will someone else be traveling with you in your vehicle?

Name(s): _____

Per DPA Rule Section 599.626.1: Reimbursement will be made only for the method of transportation which is in the best interest of the State. An employee may use a more expensive form of transportation and be reimbursed at the amount required for the least expensive mode of travel that is in the best interest of the State. A cost comparison shall be completed and attached to the claim. Cost comparisons shall include only the least costly methods of transport for those expenses actually being substituted, and shall include only the expenses of traveling from one location to another. Transportation expense at the travel work location will be reimbursed based on the actual business transportation expenses incurred while at the travel location. Attach this form to the TEC.

Supervisor Signature

APPENDIX K
INTERAGENCY COORDINATING COUNCIL
TRAVEL EXPENSE WORKSHEET CHECKLIST

IMPORTANT CONSIDERATIONS

- ⇒ Travel reimbursement and receipts shall show only the ICC Member or Community Representative's name.
- ⇒ All expenses, including dates, must match the receipts submitted for each individual trip.
- ⇒ When booking your trip, it is recommended travelers choose the most economical, efficient, and least-costly method.
- ⇒ Travelers may use a costlier form of travel; however, reimbursement will be made only for the method/cost which is in the best interest of the State.

A. TRANSPORTATION

- Travel **Comparison Matrix** (*DS 2164b*) (Appendix J)- **Complete and include with your travel claim if you are claiming private vehicle mileage in lieu of air travel or driving a person vehicle in lieu of renting a car.**
- Airline **or Rail Receipt** - Include Final Itinerary from Concur. To request a copy of a travel invoice, select "Print My Invoice" from <http://www.caltravelstore.com/helpful-links>.
- Personal Vehicle Mileage** - Calculate your mileage from home to the airport or home to the meeting by using www.mapquest.com and print with the mileage shown. Renting a vehicle is the preferred mode of transportation. Complete the *Travel Comparison Matrix* and include with your claim if you decide to drive your personal vehicle in lieu of renting a vehicle.
- Shuttle **Service** - Include your original receipt(s) for expenses over \$10.00.
- Taxi - Each original receipt must include the driver's name, taxi cab number, phone number, and date.

FOR DIRECT BILLING - To avoid paying out-of-pocket, travelers may bill DDS directly for taxi expenses. Each receipt must include the DDS Billing Code (**86152**), the name "Interagency Coordinating Council," and a signature. **All receipts must be submitted with your travel claim, no matter the cost.**

FOR REIMBURSEMENT - Receipts are required for any amount over \$10.00.

⇒ **Tips for drivers are not reimbursable.**

- Car Rental** - If applicable, submit the:
 - Pink rental receipt; and Approved Rental Car Authorization form
- Parking/Bridge Tolls** - Include your original receipt(s)

B. MEALS – NO RECEIPTS NEEDED, TRAVELERS RETAIN RECEIPTS IN CASE OF AN AUDIT

- All meals claimed are to be for the actual amount of expense, up to the maximum allowed. Travelers 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.

C. LODGING

- Original receipt(s) must display a zero balance and show only the ICC Member or Community Representative's name. If applicable, submit the following:
 - A complete copy of the approved [Excess Lodging Rate Request/Approval form \(STD 255C\)](#) and all attachments; and
 - Written authorization, from DDS, for travel and per diem for the day prior to the meeting.

D. CHILD CARE REIMBURSEMENT

- Submit the following:
 - The *Childcare Reimbursement* form with an original signature from the provider including the child's name, dates, name of the provider, number of hours, cost per hour, total cost for care from the provider; and
 - The written approval from DDS, if travel was outside of California.

APPENDIX L
TRAVEL EXPENSE WORKSHEET FOR ICC MEETING(S)

Reimbursement for expenses is limited to the allowable reimbursement amounts, and by the conditions specified, in the **Travel Reimbursement Policies and Procedures**. Attach all original receipts, necessary forms, and documentation as specified in the instructions to ensure your travel claim is processed in a timely manner. Reimbursement for expenses will be made in a manner which is in the best interest of the State.

Please fill out this form in its entirety and submit the form to:

*Department of Developmental Services, Monitoring & Family Services Branch, Interagency Coordinating Council,
 1600 Ninth Street, Rm 330, M.S. 3-11, Sacramento, CA 95814.*

ICC Member or Community Representative Name:	Last four digits of SS#:
Telephone Number:	Car License Plate Number:
<input type="checkbox"/> Residence Address: City: _____ State: _____ Zip Code: _____	Location of Meeting:
Left Home: _____ Date Time am/pm (circle one)	Returned Home: _____ Date Time am/pm (circle one)
Signature: _____	Date: _____

A. TRANSPORTATION

<input type="checkbox"/> Airline or <input type="checkbox"/> Rail Receipt (<i>Check One</i>) (PRE-PAID by DDS, Receipt Required, and Print Amount)	\$ _____
Personal Vehicle Mileage _____ (<i>Round Trip</i>) at .535 cents per mile (<i>Attach Mileage Calculator</i>)	\$ _____
Shuttle Service (<i>Over \$10.00, include original receipts</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____	\$ _____
Taxi (<i>Check a Method</i>)	
<input type="checkbox"/> Reimbursement - (<i>Over \$10.00, include original receipts</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____	\$ _____
<input type="checkbox"/> Direct Billing - (PRE-PAID by DDS, all receipts required) Totals Day 1 \$ _____ Totals Day 2 \$ _____	\$ _____
Car Rental Receipt (PRE-PAID by DDS, Receipt & Written Pre-Approval Required)	\$ _____
Parking/Bridge Tolls (<i>Over \$10.00, Include Original Receipts</i>) Totals Day 1 \$ _____ Totals Day 2 \$ _____	\$ _____

B. MEALS (*No receipts need to be submitted; however, please retain your receipts for your records in case of an audit.*)

DATE	BREAKFAST (<i>Up to \$7</i>)	LUNCH (<i>Up to \$11</i>)	DINNER (<i>Up to \$23</i>)	MEAL TOTALS
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

C. LODGING

(Original receipt must have a "0" balance). Travelers 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. \$ _____

D. CHILD CARE REIMBURSEMENT

(Submit Completed Childcare Reimbursement Receipt with an Original Signature from Provider) \$ _____

EXPENSE GRAND TOTAL \$ _____

Notes for DDS:

