



Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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.

Reimbursement Expenses

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.

Allowable Reimbursable Expenses

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
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Allowable Reimbursable Expenses

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>

ATA Reimbursement to Agency

- 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

TDe-290 Instructions

1

Public Agency:	Accounts Payable Name and Address
Address:	
City, State, Zip:	
PSAP Manager:	
E-mail Address:	
Phone Number:	
Fax Number:	

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

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

2

Type of Reimbursement Claim: *All reimbursement claims must be submitted no later than ninety (90) calendar days after the close of the fiscal year in which funds have been expended.*

Annual Training Allotment - CC Annual Training Allotment - PSAP
 I have attended and participated in the training event. Must check if filing Annual Training Allotment (ATA) claim

CPE Equipment County Coordinator Expenses Education Materials
 CPE Maintenance County Coordinator Task Force Other:

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.

3

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:
 CALNENA Registration.
 Claimant – Lodging
 Claimant – Airfare
 Claimant – Parking,
 Taxi, Toll fees, etc.

4

Please provide itemized, detailed receipt copies for each person named as a claimant and item claimed	Issued by the CA 9-1-1 Branch	Please provide date range(s)	Amount claimed per item description	CA 9-1-1 Branch Use Only
Description	Tracking#	Time Period of Claim	Total Cost Per Item	Amount Approved
REIMBURSEMENT CLAIM TOTAL				

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.

The grey shaded area is for the CA 9-1-1 Branch use only. Please do not enter anything in this area.

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

Enter the date range(s) of this claim here.

Enter the amount paid per item to be reimbursed. The total dollar amount will automatically add totals at the bottom of the column.

5

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 Number Account.

FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY <small>(Other than claimant named for reimbursement)</small>	Name:	Title:	
	Signature:	Date:	
	Address:		
	Email:		
	Phone:		

The financial official for your agency should be entered here with a hard 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 at all about how to complete this form please contact the Reimbursement Claim Coordinator at the CA 9-1-1 Branch.
 (916) 657-9369 M-F, 8am-5pm

TDe-290 Instructions (Rev. 7/2014)

March 2, 2020

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TD-290A Reimbursement Form

State of California															California 9-1-1 Emergency Communications Branch																			
REIMBURSEMENT CLAIM SUPPORT DOCUMENT															U.S. Mail form to: Public Safety Communications 601 Sequoia Pacific Blvd. MS-911 Sacramento, CA 95811-0231 (916) 657-9369																			
TDe-290A (REV 07/2014)																																		
Public Agency:										Claimant Name:										Claim Month/Year:														
I. - Duties Performed <i>(Please specify hours spent by this individual performing activities within an authorized task category per day)</i>																																		
	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	
B																																	0	
C																																	0	
D																																	0	
E																																	0	
F																																	0	
G																																	0	
																															Total Hours	0		
TASK ACTIVITY CATEGORIES <i>(as defined in the 9-1-1 Operations Manual, Chapter III, revised 2014)</i>																																		
A - 9-1-1 County Coordinator - Coordination of ESN assignments for 9-1-1 call delivery - <i>Please list detail of activities by date on reverse side of this form.</i>																																		
B - 9-1-1 County Coordinator - Coordination of 9-1-1 related activities to PSAPs - <i>Please list detail of activities by date on reverse side of this form.</i>																																		
C - 9-1-1 County Coordinator - Coordination of 9-1-1 wireless related activities - <i>Please list detail of activities by date on reverse side of this form.</i>																																		
D - 9-1-1 County Coordinator - County Coordinator Task Force (CCTF) related activities - (pre-approval required) - <i>Please list detail of activities by date on reverse side of this form.</i>																																		
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)																																		
Total Hours:										x										Hourly Rate:										=		\$0.00		
II. - Mileage <i>(Please identify total miles for day corresponding with above task activity category) Attach a mapping document to support mileage.</i>																																		
	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		
Total Miles:										x										Mileage Rate:										=		\$0.00		
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 OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY															Name:										Title:									
															Signature:										Date:									
															Email:										Phone:									

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

STD204-Payee Data Record

		Print	Clear																												
<small>STATE OF CALIFORNIA DEPARTMENT OF FINANCE</small> PAYEE DATA RECORD <small>(Required when receiving payment from the State of California in lieu of IRS W-9)</small> <small>STD 204 (Rev. 9/2002)</small>																															
1	INSTRUCTIONS: 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 fully completed 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. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.																														
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td>E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE																						
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3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.								
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> PARTNERSHIP</td> <td>CORPORATION:</td> <td><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</td> </tr> <tr> <td><input type="checkbox"/> ESTATE OR TRUST</td> <td><input type="checkbox"/> LEGAL (e.g., attorney services)</td> <td><input type="checkbox"/> EXEMPT (nonprofit)</td> </tr> <tr> <td><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</td> <td><input type="checkbox"/> ALL OTHERS</td> <td></td> </tr> </table> ENTER SOCIAL SECURITY NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <small>(SSN required by authority of California Revenue and Tax Code Section 19646)</small>		<input type="checkbox"/> PARTNERSHIP	CORPORATION:	<input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> LEGAL (e.g., attorney services)	<input type="checkbox"/> EXEMPT (nonprofit)	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR	<input type="checkbox"/> ALL OTHERS																					
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5	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.																														
		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE																												
		SIGNATURE	DATE																												
			TELEPHONE () ()																												
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: () _____ Fax: () _____ E-mail Address: _____																														

Reimbursement Policy

- ***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.***

Reimbursement Links for Travel

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.documents.dgs.ca.gov/dgs/fmc/pdf/std262.pdf>

<https://www.caloes.ca.gov/PublicSafetyCommunicationsSite/Documents/004-ChapterIII.Funding.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):

<https://www.caloes.ca.gov/cal-oes-divisions/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-9-1-1-forms>

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

ATA Reimbursement

Questions?