



OFFICE OF STATE FIRE MARSHAL  
*INCIDENT MANAGEMENT TEAMS*  
STANDARD OPERATING GUIDELINES

Number: SOG-I-1001  
Adoption Date:  
Author: Alan McMahan  
Review/Revision Date:

OSFM Approved:

*Mark Wallace* Date *3/29/12*  
Mark Wallace, State Fire Marshal

Date *3/29/12*

*Mariana Ruiz-Temple* Date *3/28/12*  
Mariana Ruiz-Temple, Emergency Response Mgr

**SUBJECT:** Requests and Reimbursement for Training, Seminars and Conferences  
**OBJECTIVE:** To Provide Guidelines for Requesting Approval for and Reimbursement of Incident Management Team (IMT) Personnel Expenses for Training, Seminars and Conferences

**I. SCOPE**

This guideline applies to all Incident Management Team personnel who wish to attend training events, seminars or conferences at state expense. The state will only reimburse training, seminar and conference expenses for personnel who have been granted prior approval.

Requests for training, seminars or conferences must be approved by the ERU Manager. The IMT Program Coordinator will review informational materials for conferences and seminars for quality/value and provide recommendations to the ERU Manager.

**II. REQUESTS FOR APPROVAL**

All requests for training, seminars and conferences will be made on State-approved forms. Requests must include:

- 1) Request for Training form
- 2) Copy of completed registration form
- 3) Course, seminar or conference information brochure
- 4) POV use pre-approval (if needed)

**Registration with the provider of the event is the responsibility of the student, and a copy must be submitted to the Office of State Fire Marshal (OSFM) with the Request for Training form.**

Requests must be signed by the Applicant, IMT Program Coordinator and ERU Manager. Requests for in-state training must be approved by the OSFM no later than 14 days prior to the first day of the training, seminar or conference.

Requests for out-of-state events requiring airline travel must be approved no later than 30 days prior to first day of training, seminar or conference to allow for appropriate approvals and the most reasonable airfare available. All airline tickets must be booked through the state travel agent and paid directly by the OSFM.

### **III. REIMBURSEMENTS**

Requests for reimbursement of training, seminar or conference expenses shall be made on State-approved forms (Attachment 1). A Travel Expense Detail Sheet shall be submitted within 15 days of completion of training, seminar or conference. *Original* receipts for all expenses, excluding meals, must accompany the request, except when paid by the state directly to the provider of the services, (i.e. lodging facility, airline or sponsor of event). Detailed instructions for completing the Travel Expense Detail Sheet are printed on the reverse side of the form (Attachment 2). A permission to Use Personal Vehicle form must be completed and submitted with a Travel Expense Detail Sheet when requesting mileage reimbursement (Attachment 3).

### **IV. UNSUCCESSFUL COMPLETION OF COURSE**

The ERU Program Manager shall be notified whenever a team member fails to complete a training course or receives a failing grade from a training course for which the State has paid.



# REQUEST FOR TRAINING INSTRUCTIONS

**NAME:** Include full name as it appears on official documents. This name will be used to make all reservations.

**SOCIAL SECURITY NUMBER:** The Social Security Number of the team member attending training.

**TEAM, TEAM NUMBER:** Identify the team by location and number.

**PHONE NUMBER:** Number where the team member can be reached.

**MAILING ADDRESS:** Address where the team member wants travel/training documents & confirmations sent.

**COURSE NAME/TITLE:** Identify the name and/or title of the course or training to be attended.

**SPONSOR OF TRAINING:** Indicate the organization or agency sponsoring the training for which the team member is applying. A formal registration form and flyer/brochure must be attached to the Request for Training.

**LOCATION OF TRAINING:** List the City, State, and actual address where the training will take place.

**DATE(S) OF TRAINING:** List the Date and Time training begins, and the Date and Time training ends.

**TRAVEL TIME(S):** In the space marked "Leave," indicate the time and date of departure for the training. In the "From" space, enter the city you will depart from, and in the "To" space, indicate the city you are going to. In the space identified "Return," indicate the time and date you will return to your assigned duty station. The city you are returning from should be entered into the "From" space and the city you are returning to entered in the "To" space.

**TRAINING DESCRIPTION:** A brief description of the content of the training. Include whether it is conference, seminar, class, workshop, etc.

**FORM OF TRAVEL:** Indicate the means of transportation to be utilized to travel to and from the training by checking a box. If "Other" is checked, please describe.

**PROJECTED COSTS:** Projected costs should be exact amounts if known. If they are unknown, projections of costs are based upon per diem rates or estimates.

\*In most cases, Registration and Lodging are paid directly by OSFM. Airfare must be booked and paid for directly by OSFM. Team members will be expected to pay for meals, mileage, rental car, and any other expenses while traveling. Request for reimbursement of expenses must be submitted on the OSFM Travel Expense Detail Sheet within 15 working days of the completion of training or last date of seminar/conference. Reimbursements will only be made upon receipt of a completed Post Training Evaluation. Both forms are available from OSFM.

**SHARING A ROOM:** Check this box if team members plan on sharing a room with another team member. Be sure to indicate the name of the other person.

**SIGNATURES:** Applicant, Team Training Coordinator and the Team Administrator must sign the Request for Training.

**OSFM APPROVAL:** Approval or disapproval will be indicated by the State Fire Marshal's Office. A copy of the Request for Training indicating whether or not the training request is approved will be returned to the Team Training Coordinator.



For additional information, see the Department Travel Rules at <http://scd.das.state.or.us/oam/scdpolicy/tableofcontent.htm#travel>. Federal per diem rates can be found at [http://www.gsa.gov/Portal/gsa/cp/contentView.do?programId=9704&channelId=-15943&ooId=16365&contentId=17943&pageTypeId=8203&contentType=GSA\\_BASIC&programPage=%2Fcp%2Fprogram%2FgsaBasic.jsp&P=MTT](http://www.gsa.gov/Portal/gsa/cp/contentView.do?programId=9704&channelId=-15943&ooId=16365&contentId=17943&pageTypeId=8203&contentType=GSA_BASIC&programPage=%2Fcp%2Fprogram%2FgsaBasic.jsp&P=MTT)

A completed Travel Expense Detail Sheet must be submitted to the OSFM within FIFTEEN DAYS of the completion of training or last date of seminar/conference.

ORIGINAL RECEIPTS for all lodging expenses claimed and for miscellaneous expenses MUST be attached to original copy of this form. Receipts for meals need not be included.

**Social Security Number:** Enter the SSN of the Team Member.

**Payee Name and Address:** Enter the name of the person or department to whom the reimbursement is to be made. Enter the complete mailing address for the Payee. Reimbursement cannot be made without this information.

**Team Member Name:** Enter the name of the team member.

**Team Name and Team #:** Enter the name of the team you represent and team number, i.e. Douglas County HazMat Team and Team # 01.

**Mailing Address:** Enter your mailing address where you receive official mail.

**Location (City) of Official Station:** Enter the official station of the Team Member claiming reimbursement.

**Telephone No.:** Enter your daytime telephone number.

**Course Name/Title:** Enter the Course Name/Title of the training attended.

**Date:** Make a separate line entry for each day of travel.

**Time of Departure from Station:** For the first date of travel, enter the time of departure from your official station. Times do not need to be entered for days you do not travel.

**Time of Return to Station:** For the last date of travel, enter the time of return to your official station.

**Destination:** Enter the name of the city you are traveling to on the first date. Enter the name of the city you are returning to on the last date.

**Per Diem/Hourly Allowance:** Enter the applicable daily meal per diem for the travel destination.

**Breakfast:** Enter the applicable breakfast meal per diem.

**Lunch:** Enter the applicable lunch meal per diem.

**Dinner:** Enter the applicable dinner meal per diem.

**Lodging:** Enter the actual cost of lodging, not including room tax.

**Total Meals & Lodging:** Enter the total of the amounts for meals and lodging.

**Totals:** Show the total of each column at the bottom of the columns.

**OSFM Use Only: FOR OFFICE USE ONLY! - Cost Distribution:** This section is for the use of the accounting section of the employing agency in distributing costs.

**Date:** Show the month and day(s) in which the miscellaneous expense(s) was incurred.

**Miscellaneous Expenses:** Fares, Vehicle Mileage, Room Tax, Telephone Charges, and Other Expenses. Identify the exact expense claim. Sample entries are "Car mileage - Salem to Portland and return." "Telephone Call", "Parking" (Use additional forms if needed.)

**Training Related Y/N:** Indicate if the mileage and/or miscellaneous expenses are training related.

**Rate Per Mile:** Enter rate per mile for vehicles.

**Vehicle Miles:** Enter the number of miles traveled in a vehicle on official business.

**Amount:** Enter the amount for each item of expense.

**\*Travel Awards:** Check the appropriate boxes regarding any travel awards accepted as a result of this travel. The completion of this block is mandatory in order to obtain reimbursement for the expenses claimed on this form. Agencies are mandated to collect this information and maintain records on employee accumulations as reported. Travel awards include, but are not limited to, airline frequent flyer miles, hotel and car rental points or rewards.

**\*YOU MUST COMPLETE THIS BOX OR YOUR REIMBURSEMENT CANNOT BE PROCESSED.**

**Reason for Travel:** Be specific in stating reason for travel and subsequent expenses incurred.

**Grand Total Amount:** Add expenses from Total of Meals and Lodging to Total of Miscellaneous Expenses.

**Amount Due Employee/State:** Enter the total amount the State of Oregon owes the employee.

**Shared Room:** Check box if you shared a room with another person. List the name and team number of the other occupant.

**Signature:** The travel expense detail sheet must be signed by the team member, certifying that the request for reimbursement is for actual expenses not claimed from any other source. Signature must be original. Fax and photocopies will not be accepted.

## State of Oregon Authorization to Use Private Vehicle

<b>Name of Traveler:</b>	<b>Agency / Division / Section:</b>
<b>Travel Dates:</b>	<b>Destination:</b>

<b>Reason for travel:</b>

**Mark the appropriate box:**

<b>Justification to Use Private Vehicle</b>		
<input type="checkbox"/>	No state owned / operated vehicle is available.	Full GSA rate
<input type="checkbox"/>	A state owned / operated vehicle is available. However, the agency conducted a cost / benefit analysis and determined that reimbursing the employee at the full GSA rate is the most cost effective method of transportation. The analysis was completed by using the DAS online Fleet Daily Rental Cost Calculator located at <a href="http://www.oregon.gov/DAS/SSD/FLEET/index.shtml">http://www.oregon.gov/DAS/SSD/FLEET/index.shtml</a>	Full GSA rate
<input type="checkbox"/>	The employee has a documented medical condition that cannot be accommodated by using a state owned / operated vehicle. <i>(NOTE: For long-term accommodations, the agency should request DAS Fleet Administration to determine if purchase of a state vehicle that meets the employee's medical needs would be a more cost effective option.)</i>	Full GSA rate
<input type="checkbox"/>	A state owned / operated vehicle is available and is determined to be the most cost-effective means of transportation, but the employee's manager authorizes the employee to use his or her own vehicle.	Reduced GSA rate

**Object Codes:**

<b>Full GSA Rate</b>	
4109	Instate Mileage Reimbursement
4162	Out-of-State Mileage Reimbursement
4450	Prof Dev Instate Mileage Reimbursement
4452	Prof Dev Out-of-State Mileage Reimbursement

<b>Reduced GSA Rate</b>	
4110	Instate Mileage Reimbursement
4163	Out-of-State Mileage Reimbursement
4451	Prof Dev Instate Mileage Reimbursement
4453	Prof Dev Out-of-State Mileage Reimbursement

## Auto Insurance Requirements

Insurance terms remain the same whether or not I request reimbursement of private vehicle mileage. While using my own vehicle on state business, my auto insurance applies first. If I have an accident and the loss to others exceeds my own policy limits, the State's coverage will apply to the amount over my policy limits. The State will not cover any loss or damage I cause to others when I am not acting within the scope of my state employment or duties. Nor will it cover any loss or damage if my actions amount to malfeasance in office or willful or wanton neglect of duty.

It is my responsibility to carry liability, uninsured motorist, and personal injury protection insurance as required by law. It is up to me to carry physical damage coverage. The State provides coverage only for physical damage, uninsured motorist, and personal injury protection on vehicles owned, rented, or leased by the State. This means the State will not pay the costs of any repairs to my own vehicle.

If I have any questions about the correct insurance coverage for my personal vehicle while driving on state business, I will contact my own insurance agent for advice. If I am involved in a vehicle accident while on state business, I will promptly notify my supervisor and my agency risk coordinator.

<b>I certify the accuracy of the item checked on the previous page. Based on this criterion, I request to use my private vehicle while traveling on state business for the dates and destination indicated. I further certify that I have read, understand, and will comply with the State's auto insurance requirements.</b>		
<b>Signature of Employee</b>	<b>Title</b>	<b>Date</b>

<b>I certify I have examined the supporting documentation for the item checked on the previous page. Based on this criterion, I authorize the employee to use his / her private vehicle while traveling on state business for the dates and destination indicated</b>		
<b>Signature of Employee's Supervisor</b>	<b>Title</b>	<b>Date</b>

Print Form