

	<p align="center"><b>OREGON STATE FIRE MARSHAL</b></p> <p align="center"><i>INCIDENT MANAGEMENT TEAMS</i></p> <p align="center"><b>STANDARD OPERATING GUIDELINES</b></p>	<p><b>Number: SOG-I-1001</b></p> <p><b>Adoption Date:</b>  <b>Author:</b> Alan McMahan  <b>Review/Revision Date:</b>  October 2024</p>
OSFM Approved: <u>Mariana Ruiz-Temple</u> Date <u>11/26/2024</u> Mariana Ruiz-Temple, State Fire Marshal		<u>Travis Medema</u> Date <u>10/7/2024</u> Travis Medema, Chief Deputy State Fire Marshal
<p><b>SUBJECT:</b> Requests and Reimbursement for Training, Seminars and Conferences</p> <p><b>OBJECTIVE:</b> To Provide Guidelines for Requesting Approval for and Reimbursement of Incident Management Team (IMT) Personnel Expenses for Training, Seminars, and Conferences</p>		

## I. SCOPE

This guideline applies to all IMT 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.

The IMT Program Coordinator will review informational materials for conferences and seminars for quality/value and provide recommendations to the Asst. Chief Deputy of Emergency Response Division. Requests for training, seminars, or conferences must be approved by the Asst. Chief Deputy of Emergency Response Division.

## II. REQUESTS FOR APPROVAL

All requests for training, seminars, and conferences will be made on State-approved forms attached to this policy.

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 Oregon State Fire Marshal (OSFM) with the *Request for Training* form.**

Requests must be signed by the Applicant, IMT Program Coordinator and Asst. Chief Deputy of Emergency Response Division. 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 the *Travel Expense Detail Sheet*. 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 included.

A permission to *Use Personal Vehicle* form must be completed and submitted with a *Travel Expense Detail Sheet* when requesting mileage reimbursement.

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

The Asst. Chief Deputy of Emergency Response Division 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.

OFFICE OF STATE FIRE MARSHAL  
**EMERGENCY RESPONSE Division**  
**REQUEST FOR TRAINING**  
Return to: IMT PROGRAM COORDINATOR

See Reverse for Instructions

Name\* \_\_\_\_\_ Social Security Number \_\_\_\_\_

**\*Please print your name as it appears on the identification you will be using when traveling.**

Team \_\_\_\_\_ Team Number/color \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Course Name/Title \_\_\_\_\_

Sponsor of Training \_\_\_\_\_

Location of Training \_\_\_\_\_

Date(s) of Training Begins \_\_\_\_\_ Ends \_\_\_\_\_  
Date and Time Date and Time

Travel Time(s) Leave \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Date and Time Location Location  
Return \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Date and Time Location Location

**TRAINING DESCRIPTION**

Form of Travel ☐ State Vehicle ☐ Private Vehicle ☐ Air ☐ Other

**PROJECTED COSTS**

Registration	\$	_____	Private/State Car Mileage	\$	_____
Lodging	\$	_____	Rental Car	\$	_____
Meals	\$	_____	Other	\$	_____
Airfare	\$	_____		\$	_____
<b>Total Projected Costs</b>					_____

☐ Check here if you are sharing a room and enter the name of the person. \_\_\_\_\_

**SIGNATURES**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

IMT Program coordinator \_\_\_\_\_ Date \_\_\_\_\_ Yes ☐ No ☐

Asst. Chief Deputy \_\_\_\_\_ Date \_\_\_\_\_ Yes ☐ No ☐

Emergency Response Division \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_ Yes ☐ No ☐

Office of State Fire Marshal

# 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.

Employee  
ID**OR**[illegible]

## INSTRUCTIONS

Receipts for all lodging expenses claimed and for miscellaneous expenses over twenty-five dollars must be attached to the original copy of this form. A copy of the approved out-of-state travel authorization must be attached when expenses are claimed for out-of-state travel. Approval and justification for reimbursements over applicable per diems must be attached. The original travel expense and detail sheet should be submitted for payment. Employees should retain a copy for their records.

These instructions are intended to answer the questions that most frequently arise in this form. Rules for state business travel are published as Chapter 40.10.00.PO of the Oregon Accounting Manual. That document contains references to the relevant Oregon Revised Statutes.

OR Number: Employee ID found at the top of your monthly pay stub. It always begins with an OR.

Non-employees ONLY: Please use your Social Security Number.

- 1 Name of Employee: Enter the name of the employee claiming reimbursement.
  - 2 Agency: Enter the name of the employing agency (i.e., Department of Administrative Services).
  - 3 Period: Enter the month and the year during which the expenses were incurred. (e.g., July 2022).
  - 4 Official Station: Enter the official headquarters of the employee claiming reimbursement.
  - 5 Division, Work Unit, or PCA. Enter Division and PCA or Fire name if for a Fire
  - 6 Regular Scheduled Work Shift: Check the standard 8:00 am to 5:00 pm work schedule or provide the actual schedule start and stop times. If the schedule varies from day to day, attach details to this form.
  - 7 Each state office or employee must indicate if he/she is a member of a Union, Unrepresented, Management Service, Executive Service, a Board Commission, a Volunteer, or a Bargaining Unit. If a Bargaining Unit Member, indicate the name of the union which represents the employee. Claimants, who are not state employees, indicate "other" with an explanation. If on a job rotation to another agency, please note under "other".
  - 8 Enter the address where you would like the check mailed to: Home address, PO box, or Office. To set up direct deposit visit the website below and fill out the Direct deposit authorization form.  
<https://www.oregon.gov/das/financial/acctgsys/pages/ach.aspx>
- Link: <https://www.oregon.gov/das/financial/acctgsys/pages/ach.aspx>
- 9 Work Type Option as approved in Workday: Check the box which applies to the employee's approved work type option in Workday.
  - 10 Date: Make a separate line entry for each day of travel in the month. Use additional forms as necessary. Please keep continuous trips on the same form, even if they are in two different months.
  - 11 Time of Departure: Enter the time of departure. When expenses are being claimed, time of departure is required.
  - 12 Time of Arrival: Enter the time of arrival. When expenses are being claimed, time of arrival is required.
  - 13 Description: State the destination of travel and location where expenses were incurred. If the expense was incurred in transit, enter "En route to (name of destination)".
  - 14 Drop Down: County: select county used for Per Diem amount. Choose the county of destination of travel.
  - 15 Calculated: Per Diem: the applicable daily meal per diem for the travel destination. **Hyperlink to find GSA Meal Per Diem Daily Rates. Use M&IE Total.**
  - 16 Drop Down: Allowable Per Diem %: Based on Travel Status for the Day. For First and Last Day of Travel, select the allowable percentage based on Partial Day Per Diem Chart DAS 40.10.117. For full days in travel status, select 100%.

**Application of Meal Per Diem Rates.** Meal per diems for the initial day of travel and final day of travel are determined on the following schedule based on departure and arrival times. Apply the percentage to the appropriate meal rate.

<u>Initial Day of Travel – Leave:</u>	<u>Prior to 6:00 AM</u>	<u>6:00 AM to Noon</u>	<u>12:01 PM to 6:00 PM</u>	<u>After 6:00 PM</u>
Meal Allowance Percentage	100%	75%	50%	25%
<u>Final Day of Travel – Return:</u>	<u>Prior to 6:00 AM</u>	<u>6:00 AM to Noon</u>	<u>12:01 PM to 6:00 PM</u>	<u>After 6:00 PM</u>
Meal Allowance Percentage	25%	50%	75%	100%

- 17 Drop Down: Meals Provided: Select and meals provided that day. Hotel breakfast doesn't count as provided breakfast
- 19 Lodging: Enter the actual cost of lodging, not including room tax (see 23 for room tax reimbursement). Leave blank or indicate SPOTS if provided
- 20 Calculated: Total Meals and Lodging: The total of the amounts shown under Item 18, and Items 19 for each day.
- 21 Calculated: Total: Totals meals and lodging for all days of travel
- 22 Date: Show the month and day(s) in which the miscellaneous expense(s) is incurred (e.g., 8/5 or 8/5-6).
- 23 Miscellaneous Expenses: Fares, Private Car Mileage, Room Tax, Telephone Charges, and Other. Identify the exact expense claim. Sample entries are "Private car mileage – Salem to Portland and return." "Telephone – Portland to Salem." "Parking – State car, license E999-000." Shuttle – Airport to hotel – Chicago." (Use additional forms, if needed.)
- 24 Misc. Expense Amount: Enter the dollar amount for the Misc. Expense
- 25 Reimbursed PV Miles: Enter the total private vehicle miles traveled.
- 26 Rate per Mile: Enter rate per mile. Hyperlink to GSA Rate. 2023 \$.0655 or \$.22 based on approval criteria DAS 40.10.129
- 27 Calculated: Shows the total of the Misc. Section.
- 28 Reason for Travel: Be specific in stating reason for travel and subsequent expenses incurred (e.g., traveled to Washington, D.C., to meet with congressional delegates on health care issues).
- 29 Calculated: Grand Total Amount: Adds expenses from Total of Meals and Lodging to Total of Miscellaneous Expenses.
- 30 Travel Advance Amount: Enter the amount of the travel advance received for the trip. Enter zero (0) if no advance was requested. Subtract the Advance Amount from the Grant Total Amount.
- 31 Calculated: Amount Due Employee/State: This field shows the total amount employee owes the State (a personal check/money order made payable to "State of Oregon") or the total amount the State owes employee.
- 32 Signature of Employee: The travel expense detail sheet must be signed by the employee. (Note the certification that is made upon signing the form.)
- 33 Title: Enter the title of the employee claiming reimbursement.
- 34 Approved by: Each travel expense details sheet must be approved by an authorized approver with Designated Expenditure Authority. This signature is what authorizes Finance to send out the money. (Note the certification that is made upon signing the form.)
- 35 Title: Enter the title of the person approving the expense claimed.

# 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:**

Justification to Use Private Vehicle		
<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:**

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

Reduced GSA Rate	
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.

**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.**

Signature of Employee	Title	Date

**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**

Signature of Employee's Supervisor	Title	Date