

	<b>OFFICE OF STATE FIRE MARSHAL</b> <i>REGIONAL HAZARDOUS MATERIAL EMERGENCY  RESPONSE TEAMS</i> <b>STANDARD OPERATING GUIDELINES</b>	<b>Number:</b> T-014 <b>Adoption Date:</b> October 27, 1993 <b>Review/Revision Date:</b> February 23, 2010
OSFM Approved: _____ Date _____ Randy Simpson, State Fire Marshal		_____ Date _____ Mariana Ruiz-Temple, Emergency Response Mgr
<b>SUBJECT:</b> Reimbursed Training, Seminars and Conferences Guidelines <b>OBJECTIVE:</b> To Provide Guidelines for Requesting Approval for and Reimbursement of Team Personnel Expenses for Training, Seminars and Conferences.		

**I. SCOPE**

This guideline applies to all regional response 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.

**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
- 2) Copy of completed Registration form
- 3) Course, seminar or conference information brochure.

**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, Team Administrator and/or Team Training Coordinator. Requests for in-state training must be received by the OSFM no later than 14 days prior to first day of training, seminar or conference.

Requests for out-of-state events requiring airline travel must be received 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.

**A. Training**

If the training is designed to meet National Fire Protection Association (NFPA) or Occupational Safety & Health Administration (OSHA) standards, the training will normally be approved and reimbursed by the OSFM. Said training would also be approved pursuant to Oregon Administrative Rules (OAR) 837-120-301 through 837-120-401.

**B. Seminars / Conferences**

Requests for training, seminar or conference will be approved by the Operations Manager. The Teams Training Advisory Committee (TTAC) may review informational materials for conferences and seminars for quality/value and provide recommendations to the Office of State Fire Marshal on the number of personnel to attend, and the skill level required.

**III. REIMBURSEMENTS**

The amount reimbursed by the State will be deducted from the team's training budget. 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, over \$25 must accompany request, except when paid by the state directly to provider of 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. ADVANCED TRAINING**

Advanced training is that training beyond the requirements for Hazardous Materials Technician Weeks 1 & 2, and Weeks 3 & 4 and includes Train-the-Trainer courses, specialty training, and continuing education. TTAC can act as a review board for regularly scheduled advanced training for quality/value and provide recommendations to the OSFM on the number of personnel to attend and the skill level required. All requests for advanced training, and reimbursement shall be submitted on State approved forms as outlined in Sections II. and III. above.

**V. UNSUCCESSFUL COMPLETION OF COURSE**

The team administrator 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.

STATE OF OREGON  
 OFFICE OF STATE FIRE MARSHAL  
 EMERGENCY RESPONSE UNIT  
 TRAVEL EXPENSE DETAIL SHEET



RETURN COMPLETED FORM TO:  
 Office of State Fire Marshal  
 3565 Trelstad Ave SE  
 Salem, OR 97317  
 503-373-1540

Social Security Number:

For reimbursement to local department, please include Federal Tax ID #				Team Member Name							
Payee:				Team Name			Team #				
Mailing Address				Mailing Address							
City		State		Zip		City		State		Zip	
Location (City) of Official Station				Telephone No.							

Course Name/Title									
Date	Time of Departure	Time of Arrival	Destination	Per Diem/ Hourly Allowance	Breakfast	Lunch	Dinner	Lodging	Total Meals & Lodging
<b>Totals</b>									

(OSFM Use Only)			Date	Miscellaneous Expenses Fares, Vehicle Mileage, Room Tax, Telephone, Other Expenses	Training Related? Y/N	Rate Per Mile	Vehicle Miles	Amount
PCA	OBJ	Amount						
<b>Totals</b>								

I did/will \_\_\_\_\_ did not/will not \_\_\_\_\_ accept travel awards as a result of, or associated with this state business trip. \_\_\_\_\_ **Initials.**  
 Completion of this block is mandatory. Travel expense reimbursement claims will not be processed if this block is left blank. Travel awards included, but may not be limited to , airline frequent flyer miles and hotel or car rental frequent customer awards or miles. Review instructions on reverse of the form.

REASON FOR TRAVEL: (Be specific)

Check here if sharing room with another person: <input type="checkbox"/> Shared Room Name of Roommate: _____		Team # _____		<b>Amount Due</b>	
				<b>Employee/Department</b>	
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source.		Signature of Employee _____		Title _____	
				Date _____	
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure		Signature of Team Representative _____		Title _____	
				Date _____	
		Signature of Employee _____		Title _____	
				Date _____	
		<b>Program Manager</b>			

For additional information, see the Department Travel Rules at <http://scd.das.state.or.us/oam/scdpolicy/tableofcontent.htm#travel> or contact the Office of State Fire Marshal HazMat Teams unit at (503) 373-1540. Federal per diem rates can be found at [http://www.gsa.gov/Portal/gsa/ep/contentView.do?programId=9704&channelId=15943&oid=16365&contentId=17943&pageTypeId=8203&contentType=GSA\\_BASIC&programPage=%2Fep%2Fprogram%2FgsaBasic.jsp&P=MTT](http://www.gsa.gov/Portal/gsa/ep/contentView.do?programId=9704&channelId=15943&oid=16365&contentId=17943&pageTypeId=8203&contentType=GSA_BASIC&programPage=%2Fep%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 over twenty-five dollars 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.

**Team Representative Signature:** The travel expense detail sheet must be signed by the Team Administrator or Team Training Coordinator, certifying that the request for reimbursement is for actual expenses not claimed from any other source and approving these funds be deducted from their training budget. Signature must be original. Fax and photocopies will not be accepted.



# Oregon State Police Accounting

## Authorized to Use Private Vehicle

<b>Name:</b>		<b>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 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/EAM/FPS/Pages/index.aspx">http://www.oregon.gov/DAS/EAM/FPS/Pages/index.aspx</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. (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.)	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/her own vehicle.	Reduced GSA Rate

Object Codes:

Full GSA Rate		Reduced GSA Rate	
4109	Instate Mileage Reimbursement	4110	Instate Mileage Reimbursement
4162	Out-of-State Mileage Reimbursement	4163	Out-of-State Mileage Reimbursement
4450	Prof. Dev. Instate Mileage Reimbursement	4451	Prof. Dev. Instate Mileage Reimbursement
4452	Prof. Dev. Out-of-State 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. 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 \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

I certify I have examined the supporting documentation for the item checked. 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.  
OSFM HazMat Program Coordinator

Supervisor's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_