



# Travel Guidelines for Committee Members January 2013



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Commission and  
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Unit**

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## Purpose

- The Mental Health Services Oversight and Accountability Commission (MHSOAC) Travel Guidelines for Committee Members is a reference tool to be used to:
  - Determine the documents needed; and
  - Proper reimbursement rates for travel expenses incurred by committee members.

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## General Rules

- Committee members will be reimbursed in accordance with State per diem laws.
- For State per diem laws, committee members are considered non-salaried consultants and, as such, must follow the MHSOAC Travel Guidelines set forth by the MHSOAC, Executive Director.

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## General Rules (cont'd)

- All travel arrangements for committee members must be made by the MHSOAC Travel Coordinator. The MHSOAC Travel Coordinator will ensure that each reservation is made in accordance with the State per diem laws.
- It is the responsibility of the committee member to be familiar with and to adhere to all applicable travel rules and regulations and to submit reimbursement claims within 30 days of travel with all receipts.

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# Required Forms

- Payee Data Record Form STD. 204
- Travel Profile Form
- Travel Expense Claim Worksheet
- Travel Expense Claim (TEC)

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STATE OF CALIFORNIA DEPARTMENT OF REVENUE  
**PAYEE DATA RECORD**  
(Required when receiving payment from the State of California in lieu of AG 99-9)  
 (File on New Address)

1	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown at the bottom of this page. Always return to the body designated form and provide checks when processing payments. Information provided on this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <small>NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.</small>	
2	<b>PAYEE'S LEGAL BUSINESS NAME</b> (Name or Firm) SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, MI) _____ E-MAIL ADDRESS _____ MAILING ADDRESS _____ BUSINESS ADDRESS _____ CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____	
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> CORPORATION <input type="checkbox"/> MEDICAL (e.g., dentist, veterinarian, chiropractor, etc.) <input type="checkbox"/> SOCIAL (e.g., security services) <input type="checkbox"/> FIRE/PPF (non-profit) <input type="checkbox"/> ALL OTHERS CHECK ONE BOX ONLY <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: _____ <small>(SSN required by authority of California Revenue and Tax Code Section 18661)</small>	<small>NOTE:</small> Payment will not be processed without an accompanying taxpayer I.D. number.
4	<input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <b>PAYEE RESIDENCY STATUS</b> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.	
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: _____	

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Travel Profile for \_\_\_\_\_

<b>Personal Information</b>	Name as it appears on driver's license	
	E-mail address	
	Business phone	
	Home phone	
	Cell phone	
	Fax number	
	Birthdate	
<b>Address</b>	Mailing Address	
<b>Frequent Flyer Programs</b>	Program name	
	Account number	
	Program name	
	Account number	
	Program name	
<b>Airplane Travel Preferences</b>	Position <small>(e.g., aisle, window, corner)</small>	
	Location <small>(e.g., forward, rear, wing, exit row, bulkhead, right, left)</small>	
	Type <small>(e.g., suite, king, double, single)</small>	
<b>Hotel Room Preferences</b>	Smoking/non-smoking	
	Special requests	
<b>Rental Car Preferences</b>	Type <small>* (e.g., mid-size, compact, sub-compact, full-size, full-size four-door, luxury, minivan, SUV)</small>	
	Special requests	

\*upgrades to rental cars will not be covered by the State.



Travel Expense Worksheet

Name		Phone Number	
E-mail		Vehicle License #	
Purpose			
Trip hours	Dates	Departed	Returned
<b>Expenses</b>	<b>Dates</b>	<b>Details</b>	<b>Amount</b>
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
Own car		Mileage	
Lodging		Location	
		Location	
		Location	
		Location	
Meals		(Not to exceed \$34/day)	
		(Not to exceed \$34/day)	
		(Not to exceed \$34/day)	
Conference fees		Purpose	
		Purpose	
Other		Purpose	
		Purpose	
		Purpose	
		Purpose	
Please attach receipts for all listed expenses, sign the form and send to MHSOAC Travel Coordinator			
Signature		Date	



## General Guidelines of State Per Diem

- MHSOAC Travel Coordinator makes reservations for:
  - Hotel
  - Airline
  - Rental cars
  - Bus or rail

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## General Guidelines of State Per Diem (cont'd)

- MHSOAC will pay commuter type transportation costs from home or office to the meeting location.
- Where public transportation is not available or is available only with an undue loss of time, mileage for personal automobile is allowed.
- A comparison will be made between the cost of mileage and the cost of airfare. If the airfare is lower than the mileage, the amount of the airfare will be reimbursed to the committee member.

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## General Guidelines of State Per Diem (cont'd)

- All travel to and from the airport should be made by airport shuttle or by public transportation, if available.
- Rental cars should be used only if other means of public transportation are not available. The MHSOAC Travel Coordinator will assist you in determining if a rental car is appropriate.
- Vehicles must be returned to the vendor with a full tank of gas. Should a vehicle be returned with less than a full tank, the charges will be collected from the committee member.

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## General Guidelines of State Per Diem (cont'd)

### Mileage Reimbursement Rates

Vehicle Type	Mileage Reimbursement Rate
Personal Vehicle	56.5 cents per mile (effective 1/01/2013)
Private aircraft	50 cents per mile (taxable)
Bicycle	4 cents per mile (taxable)

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## General Guidelines of State Per Diem (cont'd)

### Lodging

Type of Area	Maximum Rate (plus tax per day)
Normal Lodging (Non high cost areas)	\$84.00
High Cost Areas: Alameda, San Francisco, San Mateo, and Santa Clara	\$140.00
High Cost Areas: Los Angeles and San Diego	\$110.00

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## Travel Meals Rates and Reimbursements

RATES	
<b>Breakfast</b>	Up to \$6.00
<b>Lunch</b>	Up to \$10.00
<b>Dinner</b>	Up to \$18.00
<b>Incidentals</b> (Included at the end of each 24 hours of travel)	Up to \$6.00
<b>Breakfast May Be Claimed For</b> Trips that begin at or before 6 a.m. and end at or after 8 a.m. the following day.	
<b>Lunch May Be Claimed For</b> Trips that begin at or before 11 a.m. and end at or after 2 p.m. the following day. <b>No lunch may be claimed on trips of LESS than 24 hours.</b>	
<b>Dinner May Be Claimed For</b> Trips that begin at or before 5 p.m. and end at or after 7 p.m. the same day.	

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## Contacts

### Commission and Administrative Support Unit

- Norma Pate, Manager  
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Email address: [norma.pate@mhsoac.ca.gov](mailto:norma.pate@mhsoac.ca.gov)
- Gina Van Nes, Travel Coordinator (Travel Claims)  
(916) 445-8798  
Email address: [gina.vannes@mhsoac.ca.gov](mailto:gina.vannes@mhsoac.ca.gov)
- Kristal Carter, Travel Coordinator (Travel Arrangements)  
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Email address: [kristal.carter@mhsoac.ca.gov](mailto:kristal.carter@mhsoac.ca.gov)

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## Questions



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