

Cal OES# 6051-4
CAL FIRE# 7CA02564
USFS# I5-FI-11052012-107
NPS# P14AC01610
BLM# BAA151002
FWS# FFF300008-15-002
BIA# A15ACPRO01

EXHIBIT "H"
IN-STATE TRAVEL AND INCIDENT RELATED EXPENSES

The purpose of this exhibit is to identify allowable costs and the process for submitting such cost for in-state travel and incident related expenses. This exhibit primarily pertains to costs associated with fuel, food, vehicle and lodging costs as stated in Clauses A-33 and A-35 of Exhibit "A", as well as attributable incident expenses such as loss or damage to local agency emergency apparatus or support equipment identified in Recital 25 of this Agreement.

In some cases, miscellaneous expenses outside of the above mentioned may be approved if the incident finds that the expense(s) is also attributable to the incident.

- In order for local agencies to be eligible for reimbursement of expenses related to this exhibit for lodging and per diem, the approval MUST be formally documented in writing by the approving State of California or Federal Fire Agency responsible for an incident by using a General Message Form ICS-213 and/or provide the associated "S#" validating the expense(s) on both the General Message Form ICS-213 and the Form F-42.
- In order for local agencies to be eligible for reimbursement of expenses related to this exhibit for all other expenses such as loss or damage, the approval MUST be formally documented in writing by the approving State of California or Federal Fire Agency responsible for an incident by using a General Message Form ICS-213 AND provide the associated "S#" validating the expense(s) on both the General Message Form ICS-213 and the Form F-42.

In both cases, when the General Message Form ICS-213 is used, it must be signed by one of these three positions: Incident Commander, Finance Section Chief or Incident Business Advisor.

NOTE: S#'s and approved General Message Form ICS-213 should ONLY be issued when the incident cannot accommodate the expense in need, and all other options to provide the expense(s) have been exhausted.

Approved out of pocket expense(s) must accompany the F-42 along with the formal approval on the General Message Form ICS-213 documenting the S#, the itemized receipt(s), and the In State Travel and Incident Related Expense Log. Receipts for meals and incidentals are not required. All other receipts must be taped to an 8 ½ x 11 sheet of paper in date order. All sides of the receipts must be taped and legible; photo copies are preferred.

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Rental Vehicles

This section of Exhibit “H” is to identify both allowable and non-allowable expenses when renting a vehicle. Items listed adhere to the state rental agreement.

Items listed below are NOT allowable expenses:

- Personal accident insurance, personal effects coverage or other optional coverage
- No pre-payment of fuel or refueling
- No payment of extension costs or late return
- Airport pickups are discouraged
- Airport parking fees
- GPS unit
- Road Side Service
- Damage attributable to the incident may be local government fire agency responsibility

Items listed below are REQUIRED to secure reimbursement:

- Vehicle returned with a full tank
- Exit invoice
- Use of economy vehicle recommended
- Vehicle determination should be based on your incident position, unless you are carpooling
- At time of rental you may need to make remarks on your contract that this vehicle is going to an incident base camp and may be driven off pavement
- If your agency provides a travel/expense card, rental and fuel must be paid by agency card

All other considerations must have prior approval from the incident.

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Rental vehicle reimbursement will use the state rates listed below as the maximum allowable charge:

**STATE OF CALIFORNIA SHORT TERM PROGRAM RENTAL RATES TABLE
EFFECTIVE, JANUARY 1, 2017, WILL BE USED FOR A MAXIMUM AMOUNT
ALLOWABLE FOR REIMBURSEMENT.**

Class Type	Sample Vehicle	Daily Rates	Weekly Rates
Compact	Nissan Versa	\$33.00	\$132.00
Mid-Size/Intermediate	Hyundai Elantra	\$33.00	\$132.00
Standard	Buick Verano	\$35.00	\$140.00
Full Size	Nissan Altima	\$35.00	\$140.00
Hybrid Electric/Plug-In Zero Emission Vehicle	Toyota Prius	\$42.00	\$168.00
Compact SUV	Jeep Renegade	\$56.00	\$224.00
Medium SUV	Hyundai Santa Fe	\$88.00	\$525.00
Pick Up Truck	Ram 1500	\$70.00	\$280.00
3/4-Ton/ 1-Ton Pick Up Truck	Chevy Silverado	\$90.00	\$450.00
Mini Van	Dodge Grand Caravan	\$56.00	\$224.00
Mini Van (8 Passengers)	Toyota Sienna	\$91.00	\$480.00
Large Van	Ford Transit Wagon	\$121.00	\$726.00
Mini-Cargo Van	Ram Promaster City	\$80.00	\$400.00
15" Cutaway Box Van w/ramp	Transit Connect	\$66.00	\$350.00
16" Box Truck		\$70.00	\$425.00
24" Box Truck		\$85.00	\$500.00
26" Box Truck		\$100.00	\$500.00
14" Stake Bed		\$85.00	\$425.00
24" Stake Bed		\$100.00	\$500.00

When renting a vehicle beyond four days, assigned personnel will utilize the weekly rate through the (7) seventh day. Any days thereafter that do not constitute a week (7 days) will be considered a daily rate.

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Included in State of California Program Rates-Short Term:

- Unlimited mileage, Collision Damage Waiver (CDW), and
- \$300,000 Supplemental Liability Protection (SLP).
- Drop Charges: There will be no drop charges for any vehicles that are picked up and returned at an alternative Rental Branch location within the US with the exception of New York.
- CDW for Business Rentals: Rates include full CDW (Collision Damage Waiver) with no deductible. CDW will cover any physical damage to the vehicle that may occur during a rental and is subject to the terms and limitations set forth in Enterprise's standard rental contract. See additional slide for exclusions.
- SLP for Business Rentals: Rates include SLP (Supplemental Liability Protection). SLP will cover up to \$300,000 in liability claims that may occur during a rental, as the result of an accident, and is subject to the terms and limitations set forth in Enterprise's standard rental contract.

Damage Waiver Exclusion-Off road use:

- Operation of any vehicle that was not properly designed for the intended use.
- Excessive vehicle wear and tear, due to off-road operation, that may include:
 - Tire punctures or missing chunks of tread
 - Impact Damage (body panels or undercarriage) defined as follows:
 - Scratches larger than 2" or multiple scratches per panel penetrating the paint
 - Dents larger than 2" or multiple dents per panel
 - Impact to undercarriage that will require repair in order to maintain the drivability of the vehicle
 - Rips in upholstery, missing or broken interior components
- Soot, smoke or stain damage requiring professional cleaning

There are several options available to your agency and/or personnel for payment under the State of California Contract:

- Direct bill account set up by your Agency
- Agency Corporate Credit Card
- Agencies can use account number XZCPFIR, and renters can choose to use their own payment method.

Rental vehicles authorized on the resource order do not need additional incident approval. The cost of the rental vehicle, if incurred by the local agency, and the fuel purchased to operate the rental vehicle must be submitted on the Travel and Incident Related Expense Log with receipts taped or photo copied. Rental vehicles that are not authorized on the resource order must receive the formal written approval from the incident as identified on page H-1 of this exhibit.

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Documentation Requirements for Reimbursement of Expenses

Check List:

- General Message Form 213 signed by the Incident Commander, Finance Section Chief of Business Advisor
- S# documented on the General Message Form 213 and F-42
- F-42**
- Travel and Expense Log with expense documented in date order**
- Receipt(s)* taped on all sides to an 8 ½ x 11 sheet of paper in date order (photocopies preferred)**
Receipt(s) for meals and incidentals are not required with the exception of *an individual who is purchasing on behalf of other response personnel. You will be required to provide a listing/manifest/roster of personnel and agency MACS ID associated with your purchases not to exceed the below per diem rates per meal for each person.
- If renting a vehicle, must submit exit invoice.

In addition to the required S# and General Message Form 213, for loss or damage reimbursement to a local agency emergency apparatus or support equipment:

- Investigation/Incident Report
- Photos if available

If costs are associated with food or lodging, the reimbursement will be limited to the California Standard Per Diem Rates in effect at the time of response:

- **Breakfast - \$7.00**
- **Lunch - \$11.00**
- **Dinner - \$23.00**
- **Incidentals - \$5.00 (only after the first 24 hours)**
- **Lodging:**
 - All Counties/Cities located in California (except as noted below):
 - Actual lodging expense, supported by a receipt, up to \$90 per night, plus tax.
 - Napa, Riverside, and Sacramento Counties:
 - Actual lodging expense, supported by a receipt, up to \$95 per night, plus tax.
 - Marin County:
 - Actual lodging expense, supported by a receipt, up to \$110 per night, plus tax.
 - Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:
 - Actual lodging expense, supported by a receipt, up to \$120 per night, plus tax.

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- San Diego and Monterey County:
 - Actual lodging expense, supported by a receipt, up to \$125 per night, plus tax.
- Alameda, San Mateo, Santa Clara Counties:
 - Actual lodging expense, supported by a receipt, up to \$140 per night, plus tax.
- City of Santa Monica:
 - Actual lodging expense, supported by a receipt, up to \$150 per night, plus tax.
- San Francisco
 - Actual lodging expense, supported by a receipt, up to \$250 per night, plus tax.

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California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division
TRAVEL EXPENSE CLAIM REIMBURSEMENT LOG

Incident Name: _____
 Crew Relief: Yes No



AGENCY DESGN.
 State: J Letter ID:

STRIKE TEAM #
 J Letter ID: Number:

INCIDENT ORDER NUMBER
 State: J Letter ID: Number:

INCIDENT REQUEST NUMBER
 J Letter ID: ID: Number:

DATE	MEALS \$	LODGING \$	MISC \$	DESCRIPTION	AMOUNT
SUB-TOTALS →					
TOTAL AMOUNT →					

Comments:

DEPARTMENTAL APPROVAL

Print Name: _____ Signature: _____ Date: _____