

	GALENA FIRE DEPARTMENT Policy and Procedure Manual <hr/> Fire Chief Signature	#24 Effective: 01jan14 Revised: Page: 1 of 3
TRAVEL AND PER DIEM		

The GFD places a great emphasis in training, and appreciates that travel is sometime necessary to accomplish necessary educational events and training classes and exercises. The Department will provide a reasonable travel per diem, or daily allowance, for travel expenses. Per Diem may include lodging, meals, fuel and other travel-related expenses. Specific rates are subject to change and therefore not addressed specifically in this policy.

All travel expenses will be at the discretion of the Fire Chief, or designee, and based upon the need for lodging factoring in the event, dates and time of the event, and travel distance.

Travel Authorization Forms and Travel Expense Reports are available upon request from the Fire Chief, or designee. A Travel Authorization Form shall be filled out and turned in to the Fire Chief, or designee, at least 30 days prior to the travel, if possible. This form is a pre-travel authorization that includes all the pertinent travel info and likely expenses. A Travel Expense report shall be filled out within seven (7) days of returning from the travel. These forms are to be filled out completely, and dated and signed by the member who attended the event or training. It is suggested that members maintain a copy of both reports upon filling them out. (A copy of each report is attached to this policy as a reference.)

If more than one member is attending an event, each member is required to contact the Fire Chief, or designee to determine if use of a department vehicle or car-pooling is an option. Regardless of the vehicle used, it is required that accurate mileage information is maintained throughout the trip in order to properly fill out the Travel expense Report and get reimbursed upon return.

Unanticipated expenses will require a receipt. Justification for the expense will be included on the expense report. Unless approved prior to, or during, the the event, unanticipated expenses are not guaranteed, but detained by the Fire Chief upon return and completion of the expense report. Any reconciliation of costs can be addressed upon return from the event. Reimbursement checks will be issued per department policy.

Members will maintain all receipts for expenses provided under this policy and will assume full responsibility for any costs not otherwise provided and understand that his/her annual clothing allowance will be deferred until this debt is satisfied.

Failure to attend an approved program without prior notification to the Fire Chief, or designee, will result in full reimbursement of all funds expended, and may result in disciplinary action.



GALENA (IL) FIRE DEPARTMENT TRAVEL AUTHORIZATION FORM

- 1 Date Submitted: _____
- 2 Traveler Name: _____
- 3 Rank / Title: _____
- 4 Travel Dates: _____
- 5 Meeting Description: _____
- 7 Travel Destination: _____
- 8 Means of Travel: _____

9 When personal car is authorized, provide estimated mileage & cost:

Estimated Mileage _____

Estimated cost \$ _____ -

Reimbursement cost is the rate established by the City of Galena and is subject to change.

10 Plane Fare \$ _____

11 Registration Fee \$ _____

Please note the City is tax exempt in the state only as long as the City sends a check for the hotel. Travelers will not be reimbursed for sales tax for in-state hotels.

12 Hotel Cost \$ _____

Hotel Name _____ Sharing Room With: _____

13 Meal Cost: _____

One Day Only (\$30). _____ If any meals are included in registration

Overnight Stay (\$70) _____ fee or hotel rate please do not include in this section.

14 Other Cost:

Ground Transportation _____ Traveler must provide receipt for reimbursement

Parking Fee _____ Traveler must provide receipt for reimbursement

Tolls _____ Traveler must provide receipt for reimbursement

Fuel _____ Traveler must provide receipt for reimbursement

15 Rental Car: _____ **Written justification must be attached to this form as to why rental car is necessary.**

Total Cost \$ _____ -

Amount requested: _____

Acct. # to be charged: _____

A Travel Expense Report must be completed within 7 days of return from your trip. By signing, you are accepting responsibility for any charges not otherwise provided.

Traveler Signature: _____

PLEASE NOTIFY THE FIRE CHIEF, OR DESIGNEE, IF TRIP IS CANCELED

A COPY OF THE CONFERENCE/MEETING BROCHURE, MUST BE ATTACHED TO THIS FORM

17 Authorization:

Fire Chief or Designee _____

President or Designee _____



GALENA (IL) FIRE DEPARTMENT TRAVEL EXPENSE REPORT

Date Submitted _____

Traveler's Name _____

Rank / Title _____

Travel Dates _____

Meeting Description _____

Travel Destination _____

Departure Time and Date _____

Return Time and Date _____

Expenses - Receipts must be attached for all expenses except for meals								
Dates of Travel	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Hotel								\$ -
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Registration Fee								\$ -
Ground Fare								\$ -
Parking Fee								\$ -
Tolls								\$ -
Fuel								\$ -
Plane Fare								\$ -
Rental Car								\$ -
Books/Publications								\$ -
* Mileage (\$.555/mile)								\$ -
Total Expense								\$ -

Mileage Breakdown	Beginning of Trip	Ending of Trip	Total Mileage
Beginning mileage			0
Ending mileage			0

Expense Recap	
Total Expenses	\$ -
Less payments made by direct payment	
Less amount paid by traveler	\$ -
Less amount paid in advance to traveler	

Balance due	\$ -	Account #				
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If balance due amount is in parenthesis the traveler owes the Department money - Please attach a check to this form; If the balance due amount does not have parenthesis the Department owes the traveler money.

<u>Signatures</u>	
I verify that the expenses listed above were incurred as an approved travel expense and that this request for reimbursement is true and correct. By my signature, I accept responsibility for all costs not otherwise provided, and understand that I will not receive my annual clothing allowance stipend until this debt is satisfied.	
Employee	_____
Fire Chief or Designee	_____
President or Designee	_____