EMPLOYEE REIMBURSEMENT - Overview

- Complete Employee Reimbursement Form to claim employee expense reimbursement for work-related reimbursements and travel. The form is located on the EMAC website.
- Document expenditures claimed by taping detailed receipts to a separate 8 ½ x 11 white piece of paper. Include employee name and employee ID in the upper right corner.
- Attach this separate sheet to the Employee Reimbursement Form.
- Obtain required departmental review and approvals.
- Forward to department fiscal unit.
- Department fiscal unit forwards to the ATC-Accounts Payable office for review and processing.

EMPLOYEE REIMBURSEMENT FORM - CODING INSTRUCTIONS

Front Page (to be completed by Department fiscal unit)

Required Fields:

- Employee ID
- ER Document ID (Includes FAS Dept and Claim Number assigned by the initiating department and will be a reference number in EMACS)
  - FAS Dept (Dept code used on FAS payment documents)
  - Claim number (assigned by initiating department and can be no more than 11 characters and no # sign)
- Employee Name
- Travel Begin Date
- Travel End Date
- Document Total
- Check box for Out-of-State travel reimbursement if applicable
**Detail:**

- Description (e.g., Mileage)
- Earning Code - (Earning code is associated with a specific object code; however, taxable earning codes will be determined by ATC)

<table>
<thead>
<tr>
<th>Earning Code</th>
<th>Tax Treatment</th>
<th>Appropriation Code</th>
<th>Object Code</th>
<th>FAS Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XAN</td>
<td>Non-Taxable</td>
<td>294</td>
<td>2945</td>
<td>Air Travel</td>
</tr>
<tr>
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<td>Non-Taxable</td>
<td>294</td>
<td>2944</td>
<td>Car Rental</td>
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<td>Non-Taxable</td>
<td>200</td>
<td>2077</td>
<td>Certification/License fees</td>
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<td>XPN</td>
<td>Non-Taxable</td>
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<td>2181</td>
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<td>2942</td>
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<td>XFN</td>
<td>Non-Taxable</td>
<td>294</td>
<td>2947</td>
<td>Mandated Travel</td>
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<tr>
<td>XLN</td>
<td>Non-Taxable</td>
<td>294</td>
<td>2943</td>
<td>Meals</td>
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<td>Non-Taxable</td>
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<td>2075</td>
<td>Membership Dues</td>
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<tr>
<td>XON</td>
<td>Non-Taxable</td>
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<td>2946</td>
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<td>Non-Taxable</td>
<td>294</td>
<td>2940</td>
<td>Private Mileage</td>
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<td>Relocation</td>
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<td>2941</td>
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<td>2076</td>
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<tr>
<td>XOT</td>
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<td>2943</td>
<td>Meals Taxable</td>
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<tr>
<td>XRT</td>
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<tr>
<td>XUT</td>
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<td>2180</td>
<td>Reimbursable Taxable</td>
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<tr>
<td>XVN</td>
<td>Taxable</td>
<td>294</td>
<td>2949</td>
<td>Travel Advance</td>
</tr>
</tbody>
</table>

- Fund Code
- Department Code
- Organization Code
- GRC (Optional field)
- Appropriation Code
- Object Code
- Amount
- Department Contact
- Mail Code
- Telephone number

**Page Two (2) (to be completed by employee) - Detail Support for Employee Reimbursement**

- Employee No.
- Phone No.
- For the Month of
- Occup. Unit (e.g., Clerical, Supervisory, Management)
- Assigned Hdqtrs. (city in which primary workstation is located)
- When - (Date / Time From / Time To - List claims in date order)
- Private mileage (mileage traveled less commute miles)
- Where - City of destination
• Why - specific county/governmental purpose of the event
• BLD (breakfast, lunch, or dinner if applicable)
• Meals, lodging and other expenses
  o Amount
  o Expense Item
• Total miles this claim (sum of private mileage)
• Enter current IRS allowable mileage reimbursement rate
• $ = Total private mileage multiplied by reimbursement rate
• Sub total mileage amount = mileage amount claimed
• Total mileage amount = mileage amount claimed
• Sub Total Expenses (enter total of Amount column)
• Less Advance (enter travel advance issued by ATC if applicable)
• Total Expenses (enter difference between Sub total expenses and Less Advance fields)
• Total Claim (sum of total mileage amount and total expenses)
• Signed by Claimant, mail code, and date
• Approved by Authorized Signer (Print and Sign)

If you need additional assistance, please contact ATC Accounts Payable at (909) 382-3139.

Request for Travel Expense Advance - Overview

• County employees may request a travel expense advance to fund expenses for a given approved trip of two or more days’ duration. The form is located on the EMACS website.
• Requests for Travel Expense Advances need to be made 14 working days before departure date.
• The minimum advance allowed varies according to MOU/Compensation plan requirements.
• No advances are issued for mileage.
• Employee completes the Request for Travel Expense Advance form.
• If the advance request is for out-of-state travel, a “Travel Request” form approved by the CAO must accompany the “Request for Travel Expense Advance” form. (To print form, go to http://countyline.sbcounty.gov/acr/fas.asp and click on Travel Request - Out of State)
• Employee obtains required departmental approval.
• Approved form is forward to department fiscal unit.
• Department fiscal unit forwards to the ATC-Accounts Payable office for review and processing.
• Your Travel Expense Advance will be paid with the current payroll cycle.
• Employee must submit an “Employee Reimbursement Form” listing the advance, as required by his or her MOU/Compensation plan, within fifteen (15) calendar days (for General Employees. If an Employee
• Reimbursement Form is not submitted within fifteen (15) calendar days, a payroll deduction in the amount of the advance will be made.

Request for Travel Expense Advance - Coding Instructions

**Required Fields:**

**(To be completed by employee)**

- Employee ID
- Employee Name
- Mail Code
- Occupational Unit (e.g., Supervisory, Management)
- Telephone number
- Destination (City, State) Enter the city name of destination, not the airport. If destination is out-of-state, give city and state.
- Purpose - state the purpose of the trip, County business only.
- Departure Date
- Return Date

**(To be completed by department fiscal unit)**

- TC Document ID (assigned by the initiating department and will be a reference number in EMACS)
- FAS Dept (Dept code used on FAS payment documents)
- Claim number (assigned by initiating department and can be no more then 11 characters and no # sign)
- Department Contact, Mail Code, and Telephone number
- Employee's signature, Date

**Detail:**

- Description
- Earning Code - (Earning code is associated with a specific object code; however, taxable earning codes will be determined by ATC)

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</tr>
</tbody>
</table>

- Fund Code
- Department Code
- Organization Code
- GRC (Optional Field)
- Appropriation Code
- Object Code
- Amount
• Department head's signature (Print & Sign), Date

If you need additional assistance, please contact ATC Accounts Payable at (909) 382-3139.