



CITY PROCEDURE

SUBJECT: In-Town Mileage Reimbursement

No. F-14.0

Effective: January 4, 1988

Revised: December 7, 1992

Revised: January 1, 2009

Revised: October 14, 2013

Revised: June 6, 2016

**Approved: Constance P. Sanchez
Constance P. Sanchez
Director of Financial Services**

Date: 6-6-16

PURPOSE:

This procedure sets forth the policy for mileage reimbursement for employees who operate their personal vehicle on City business for travel within the City's limits, the surrounding area (within a 50-mile radius), and/or to City operating locations.

SCOPE:

Employees who do not receive a car allowance will be reimbursed for mileage incurred in the performance of the employee's job duties.

This policy excludes those employees who receive a car allowance as covered in HR 4.0 AP8 "Car Allowance – Executives", Police and Fire personnel covered by collective bargaining agreements, and employees who are assigned a City vehicle. Temporary employees hired through a temporary agency and individuals who have contracts with the City are not allowed to drive on City-business and are not eligible for reimbursement under this policy unless written authorization is obtained from the City Manager or designee.

POLICY:

- I. Reimbursement will:
 - A. Occur at the standard rate adopted by the Internal Revenue Service in effect at the time the miles were driven. During budget shortfalls, the Financial Services Department may reduce the rate. The Financial Services Department may be contacted regarding questions concerning the standard rate.

- B. Be reimbursed for the most direct route from the place of employment to the business destination.
- C. Occur for miles incurred traveling to and from work on a non-regularly-scheduled workday as required by the employee's supervisor (any day not part of the employee's normal scheduled work week) and as pre-approved by the employee's supervisor.
- D. Occur for travel to and from work for emergency or call out before or after the regular work schedule; so long as this travel does not occur in conjunction with travel to/from the worksite for the regular schedule.
- E. Occur for travel to and from business meals, meetings, and local training (within a 50-mile radius) when excess miles exceed the employee's normal work commute from home to work.
- F. Be charged to the department's budget in the "Mileage Reimbursement" expense account based on the fund number, organization number and mission element provided on the Mileage Reimbursement form.
- G. Not occur if the destination is in route to or from the employees' residence to their place of employment and occurs on a scheduled workday.

II. General Requirements:

- A. Departments must maintain the following for employees who operate their personal vehicle on City business:
 - 1. A valid Texas Driver's License for the class of vehicle driven;
 - 2. Attend a defensive driving course as required by Risk Management;
 - 3. Current proof of minimum liability insurance coverage as required by the State of Texas;
 - 4. Require employee to maintain the vehicle in compliance with applicable state laws, including a current, valid Vehicle License Registration Sticker;
 - 5. Require employee to comply with City Policies HR 3.0, Employment, HR 15.0 Alcohol and Drug Abuse, HR 40.0 Operation of City and Personal Vehicles Driving Rules & Regulations, and HR 47.0 Vehicle Accident Review Board (VARB).

PROCEDURES:

- I. An employee approved for mileage reimbursement shall complete the Personal Mileage Reimbursement Report (Standard Form 58B) as needed. See attached form. Please note that mileage to or from home to office/worksite on a scheduled workday is not reimbursable.
- II. The following information is to be included on Form 58B. *Please note employees are asked not to use initials or acronyms on Form 58B unless a legend is provided.*
 - a. Total miles traveled;
 - b. Date of in-town trip;
 - c. Point of Departure;
 - d. Destination;
 - e. Return Destination;
 - f. Purpose of Trip; and
 - g. Legend at the end of the report if acronyms are used.
- III. The employee must sign the form and have it approved and signed by his/her supervisor and department director.
- IV. The employee will forward the signed form to Accounts Payable by Friday, 5pm and will be paid on the following Friday. Checks will be mailed to the address listed on the employee's vendor number setup or employees may sign up for ACH (direct deposit). To sign up for ACH, contact the Cash Management department at (361) 826-3653 for information.
- V. Accounts Payable will process Mileage Reimbursement forms for the current fiscal year only. Any reimbursements received for a prior fiscal year will not be processed.

CONSEQUENCES FOR VIOLATION OF THIS POLICY:

It is the responsibility of City employees to ensure the accuracy of records. Employees are expected to document clear, concise, and honest information. Failure to comply with this policy will result in disciplinary action up to and including termination.

QUESTIONS ON THIS POLICY:

Questions on this Policy may be referred to the Director of Financial Services at (361) 826-3613.



Personal Mileage Reimbursement Monthly Report

A. Reporting Period From _____ To _____

Employee Name _____ Employee Number _____

Fund	Org Number	Mission Element
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B. Mileage Reimbursement:

Total Miles Operated on City Business This Month *(Must agree to the total on page 2.)* _____

Applicable Rate Per Mile \$ _____

Total Requested Mileage Reimbursement \$ _____

C. Mileage reimbursement will be charged to expense account 530170 "Mileage Reimbursement" and the fund number, organization number and mission element provided above.

I hereby certify that the above claim for payment for the use of my personally owned vehicle operated in the conduct of City business is authorized as required by law and that the statement of miles operated is true and correct.

APPROVED:

_____ Supervisor	_____ Date	_____ Employee	_____ Date
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_____ Department Head	_____ Date
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Personal Mileage Reimbursement Monthly Report (Page 2 of 2)

Reporting Period From _____ To _____

Employee Name _____ Employee Number _____

Fund Org Number Mission Element

Total Miles	Date	Point of Departure, Destination, Purpose of Trip, and Return Destination