

ADMINISTRATIVE POLICY AND PROCEDURE

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Subject: MILEAGE REIMBURSEMENT

Policy No.: A208

Supersedes: June 4, 2013

Review Date: January 27, 2023

Origin Date: January 1, 1982

Revision Date: January 27, 2023

PURPOSE:

To outline the certification and claiming process for mileage permittees.

POLICY:

An employee who is required to drive his/her private vehicle as part of his/her duties in the public service (including one-time or occasional" drivers) shall be certified by the Department as a mileage permittee who is qualified to file a mileage claim for payment. On-going permittee status must first be obtained by completing a mileage authorization packet.

PROCEDURE:

An employee must be certified as a mileage permittee prior to using his/her vehicle for County business and filing a mileage claim reimbursement. An employee will not receive any payment for use of a privately owned vehicle unless he/she is a permittee. The permittee must hold a valid and appropriate driver's license at all times. **An employee with expired driver's license cannot claim mileage and are prohibited from driving on County business.**

A. Mileage Permittee Certification

1. To be certified as a mileage permittee (including one-time or occasional driver), an employee must complete a mileage certification packet and submit the required forms to Mileage Claims – General Accounting. The packet can be obtained from the Rancho Intranet website under [Forms/Rancho/EmployeeForms/HumanResources/AutoandMileageForms.url/MileageCertification/CertificationforMileageReimbursementForm.pdf](#).
2. Mileage permittees must keep the instruction packet, [County of Los Angeles Report of Vehicle Collision or Incident](#) and the [Notice of Self Insurance](#) forms in their vehicles **at all times**.
3. Mileage permittees shall receive the **Mileage Reimbursement Program** memo and must return the **Certification of Receipt** form to General Accounting **ANNUALLY**.
4. Verification of a valid driver license will be part of the mileage permittee's annual performance evaluation.

B. Mileage Claim Reimbursement

1. Claim Forms
Claims for reimbursement must be submitted using form No. 76M3995 to General Accounting on a monthly basis. The form can be obtained from the Rancho Intranet website under

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<Forms/Rancho/EmployeeForms/HumanResources/AutoandMileageForms.url/MileageCertification/MileageClaimForm.pdf>.

a. Completing the Form

All vehicle travel on County business must be reported by day on the Mileage Claim form. The first entry for each day traveled will show the date, starting location and city. Additional entries each day will show the address and city of destination, the miles traveled and purpose of trip. Each line used must be completed with all information requested. After indicating total mileage and amount claimed, the permittee must sign on the "Permittee Signature" line, and legibly enter their employee number. If more than one page is used, the page with the last date driven will be left complete. The remaining pages will be cut off at the dotted line just above, "if more than one sheet is used."

b. Calculation of Mileage

The mileage rate to be used depends on the claim month and is based on the current rate provided by the Chief Executive Office. A mileage permittee is reimbursed for all mileage driven while conducting County business during the employee's regular working hours except in certain circumstances when mileage is incurred from home to first point of contact (other than headquarters) to home. A mileage permittee **will not be reimbursed for mileage between home to headquarters and from headquarters to home.**

Mileage will be allowed from the permittee's home to the first point of contact that is equal or less than the distance from the permittee's headquarters to that location. In no case is the mileage allowed from home to the first point of contact to be greater than the amount that would be allowed from the permittee's headquarters to that point of contact. Similarly, mileage will be allowed from the last point of contact to home that is equal to or less than mileage from the last point of contact to the permittee's headquarters.

c. Parking Fees

Mileage permittees will also be reimbursed for parking expenses incurred while performing official County business at a facility other than the permittee's headquarters. Parking expenses are allowed only if non-fee County/guest parking is not available. **Parking stubs or receipts must support any parking expenses claimed and must be attached to the original mileage claim.** No support is needed for parking meter expenditures but the permittee must indicate "metered parking" on the claim form. The total parking expense is to be shown separately from the total mileage reimbursement in the summary section of the claim.

d. Incomplete or improperly completed claims will be rejected and returned to the permittee for correction.

e. **Falsification of any claim is grounds for disciplinary action, including discharge and/or prosecution.**

2. Claiming Period

It is the responsibility of each permittee to submit claims timely. **The permittee must submit a claim for reimbursement within three months following the end of the month in which the expense was incurred.**

Late claims will be evaluated on a case-by-case basis by the permittee's department management. To have a claim considered, the permittee must provide evidence that he/she could not complete and submit the claim timely, and that the reasons were beyond the permittee's control (e.g., an

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extended, unplanned medical or other involuntary absence). Forgetting to submit a claim or excess workload will not be adequate justification for processing a late claim.

3. Payment Process

Payments for mileage claims will be included on the employee's paycheck. Permittees will be paid according to eHR deadline dates established for payroll processing. There are two earning codes on a payroll statement that identify mileage and parking fees paid. For mileage paid, it is earning code (128) and for parking fees, it is earning code (129). Because mileage payments are not part of the employee's gross earning, mileage and parking fee payments are not taxable.

C. Reporting of Vehicle Accidents

County drivers should be aware of the State Financial Responsibility Law. This law (Section 16000-16560 of the California Vehicle Code) requires drivers of motor vehicles involved in accidents resulting in any bodily injury or death, or damage to property of any one person in excess of \$750, to report the accident to the State Department of Motor Vehicles.

The [County of Los Angeles Report of Vehicle Collision or Incident](#) form must be carried by the permittee in his/her vehicle **at all times**. Whenever a permittee is involved in a vehicle accident while using his/her personal vehicle on County business, the permittee must report the accident in accordance with instructions on this form.

Inquiries regarding mileage should be directed to General Accounting at (626) 525-5265.

REFERENCES:

County Code Section 5.40.0

DHS - Mileage Reimbursement Program Guidelines

County Fiscal Manual

CERTIFICATION FOR MILEAGE REIMBURSEMENT

EMPLOYEE NAME:	
EMPLOYEE NUMBER:	DEPT NUMBER:

START DATE OF CERTIFICATION:
STOP DATE OF CERTIFICATION:

PROCESSING CENTER: <small>(FINANCIAL OPERATIONS USE ONLY)</small>	
CERT TYPE:	LOCATION:

HEADQUARTERS:			
STREET			
CITY	STATE CA	ZIP	

DRIVERS LICENSE TYPE	<input type="checkbox"/> CLASS A	<input type="checkbox"/> CLASS B	<input checked="" type="checkbox"/> CLASS C
DRIVERS LICENSE #	EXPIRATION DATE:		

SUPERVISOR'S PRINTED NAME AND SIGNATURE	
	DATE: _____

INSTRUCTIONS: PLEASE SUBMIT ORIGINAL TO: THE MILEAGE CERTIFICATION TEAM
TIME COLLECTION & CHANGE MANAGEMENT UNIT,
5555 FERGUSON DRIVE, 2/F., SUITE 200-01
COMMERCE, CA 90022
ATTN: MILEAGE CLERK



CERTIFICATION FOR MILEAGE

ATTACHMENT B

1. DEPT NO.:	2. PAY LOCATION NO.:	3. EMPLOYEE NO.:
4. EMPLOYEE NAME:	5. PAYROLL TITLE:	6. DIVISION HEAD PRINTED NAME AND SIGNATURE: DATE EMPLOYEE WILL BEGIN DRIVING:
7. WORK ADDRESS: CITY: ZIP:		8. WORK PHONE NO.:
9. HOME ADDRESS: CITY: ZIP:		10. DATE OF BIRTH:
11. VEHICLE MAKE:	MODEL:	YEAR:
12. VEHICLE LICENSE NO.:	13. DRIVERS LICENSE NO.:	14. EXPIRATION DATE:
15. AUTO INSURANCE CARRIER:		16. POLICY NO.:

ATTACH COPY OF POLICY OR SUMMARY CARD SHOWING POLICY NUMBER, COVERAGE LIMITS AND DATES OF COVERAGE AND A COPY OF THE DRIVER LICENSE.

17. AVERAGE NUMBER OF TRIPS EACH MONTH: _____
 AVERAGE NUMBER OF MILES EACH MONTH: _____

18. IS A COUNTY VEHICLE AVAILABLE?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES: OFTEN <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
IS PUBLIC TRANSPORTATION FEASIBLE?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES: OFTEN <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
CAN TRIPS BE PRE-SCHEDULED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES: OFTEN <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
DO YOU TRANSPORT PEOPLE?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES: OFTEN <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>
DO YOU CARRY SPECIAL EQUIPMENT?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES: OFTEN <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>

19. DESCRIBE THE PURPOSE OF YOUR TRIPS AND POSSIBLE DESTINATIONS: (ATTACH AN ADDITION SHEET IF NECESSARY)

20. DESCRIBE SPECIFIC JOB DUTIES REQUIRING USE OF A VEHICLE (ATTACH AN ADDITION SHEET IF NECESSARY)

21. DEPARTMENTAL VERIFICATION _____ DEPARTMENT HEAD PRINTED NAME AND SIGNATURE DATE _____ DIRECTOR'S/DEPUTY DIR'S PRINTED NAME AND SIGNATURE DATE	22. FISCAL SERVICES USE ONLY DATE CERTIFIED: _____ _____ MILEAGE COORDINATOR'S PRINTED NAME AND SIGNATURE
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INSTRUCTIONS: All questions must be completed and all required documents must be submitted to avoid a delay in the processing of the Certification for Mileage.

NOTICE OF SELF INSURANCE

EMPLOYEE NAME:

EMPLOYEE NUMBER:

COUNTY DEPARTMENT:

DRIVER'S LICENSE NO:

AUTOMOBILE MAKE:

This is to certify that The County of Los Angeles is self insured for automobile liability, and that this insurance will apply to the employee named above while driving the course and scope of Los Angeles County employment. In case of an accident, please contact:

**CARL WARREN AND COMPANY
CLAIMS MANAGEMENT AND ADMINISTRATION
P. O. BOX 116
GLENDALE, CA 91209
(818) 247 - 2206**

CERTIFICATION

THIS IS TO CERTIFY THAT I HAVE READ AND WILL RECEIVED A COPY OF THE DOCUMENT ENTITLED, INFORMATION AND INSTRUCTIONS FOR PERMITTEE DRIVERS, AND A COPY OF THE NOTICE OF SELF INSURANCE. I WILL NOTIFY MY SUPERVISOR OF ANY CHANGE IN MY DRIVER'S LICENSE STATUS WHICH WOULD PRECLUDE ME FROM DRIVING ON COUNTY BUSINESS (e.g. SUSPENDED, RESTRICTED, or REVOKED LICENSE).

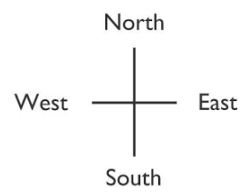
PERMITTEE'S **PRINTED NAME** AND **SIGNATURE**

DATE

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION OR INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (818) 247-2206
 Prepared for County Counsel in defense of the County, Special Districts, and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)			
Dept. Name: _____	Dept. No.: _____	COUNTY VEHICLE <small>(Includes vehicle leased Or rented by CO.)</small>	EMPLOYEE'S VEHICLE
DIV. or Facility: _____		Equip. No.: _____	Insurance Co.: _____
SECTION: _____		License No.: _____	Policy No.: _____
File No.: _____			Permittee: YES <input type="checkbox"/> NO <input type="checkbox"/>
		CONTRACT CITIES SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/> <small>If yes, name of contract city</small>	
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____	
INCIDENT DATE _____ CITY _____ ON _____ AT _____ <small>(Street or Highway)</small>			
HOUR _____ AM/PM		SPECIFIC LOCATION _____	
COUNTY DRIVER (1)	DRIVER NAME: _____ Job Title: _____ Driver's License No.: _____		
	Home Address: _____		Phone No.: _____
	Work Location: _____		Phone No.: _____
	VEHICLE	Year: _____ Make: _____ Model or Type: _____	Lic. Plate No.: _____
Parts Damaged: _____			
PASSENGER County Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name: _____			
Home Address: _____			
Phone No.: _____			
OTHER DRIVER (2)	DRIVER NAME: _____		
	DRIVER'S LICENSE NO.: _____	STATE _____	INSURANCE CO.: _____ POLICY NO.: _____
	EMPLOYER: _____ <small>(Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)</small>		
	VEHICLE	Year: _____ (Year) Make: _____ (Make) Model or Type: _____ (Model or Type)	Veh. Lic. No. _____ (Year) (Number) (State)
	PARTS DAMAGED: _____		
	REGISTERED OWNER: _____ <small>(Name) (Address) (City, State, Zip Code) (Phone)</small>		
PASSENGER			
Name: _____			
Home Address: _____			
Phone No.: _____			
OTHER DRIVER (3)	DRIVER NAME: _____		
	DRIVER'S LICENSE NO.: _____	STATE _____	INSURANCE CO.: _____ POLICY NO.: _____
	EMPLOYER: _____ <small>(Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)</small>		
	VEHICLE:	Year: _____ (Year) Make: _____ (Make) Model or Type: _____ (Model or Type)	Veh. Lic. No. _____ (Year) (Number) (State)
	PARTS DAMAGED: _____		
	REGISTERED OWNER: _____ <small>(Name) (Address) (City, State, Zip Code) (Phone)</small>		
PASSENGER			
Name: _____			
Home Address: _____			
Phone No.: _____			
INJURED WITNESSES	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME: _____	PHONE NO.: _____	NATURE OF INJURY: _____
	ADDRESS: _____		TRANSPORTED TO: _____
	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
NAME: _____	PHONE NO.: _____	NATURE OF INJURY: _____	
ADDRESS: _____		TRANSPORTED TO: _____	

<p>INSTRUCTIONS Complete form within 24 hours of vehicle collision and submit to your supervisor. If more space is needed to completely answer any category on this form, please attach additional sheets.</p>	Circle direction 
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<p>DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED SHOW your vehicle as #1. Show the other vehicles as #2 and #3, etc. SHOW the location and position of vehicle(s) at point of impact. SHOW the name of the street(s) and location of stop sign and signals. SHOW number of lanes and length of skid marks.</p>	Number of photos attached: <div style="border: 1px solid black; height: 40px; width: 100%; background-color: #e0f0ff;"></div>	Number of County vehicles involved: <div style="border: 1px solid black; height: 40px; width: 100%; background-color: #e0f0ff;"></div>
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EXPLAIN CLEARLY HOW COLLISION OCCURRED. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 IF SHERIFF DEPARTMENT INVOLVED, STATE IF MDT RELATED.

LOCALITY		OPERATING AREA		MOVEMENT			TRAFFIC CONTROL			AMOUNT OF TRAFFIC	
Rural		No intersection			Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2	Light	
Residential		Nearing intersection		Straight Ahead			Non present			Medium	
Business		In intersection		Lane Change			Green Signal			Heavy-Flowing	
Freeway		Leaving intersection		Making Right Turn			Yellow Signal			Congested	
Open Field		Entering intersection		Making Left Turn			Red Signal			TERRAIN	
Private Road		Leaving Driveway		Standing			Flashing Signal			Level	
Other		Construction Zone		Parked			Stop Sign			Upgrade	
		Parking/Bus Lot		Backing			Warning Sign			Downgrade	
		Other		Moving Unattended			Construction Sign			Hill Crest	
							Other			Dip	

COLLISION DETAILS CONTINUE											
ROAD SURFACE		VISIBILITY		WEATHER		ROAD CONDITION		EVASION ACTION		SAFETY BELTS	
Concrete		Good		Clear		Dry		Locked Brakes		Installed, Not Worn	
Asphalt		Fair		Rain		Wet		Hard Brakes		Installed and Worn	
Oiled/Gravel		Poor		Fog		Muddy		Slowed Stopped		Not installed	
Unpaved		Very Poor		Dusty		Snowy		Steered Away		Vehicle Unoccupied	
Other		Other		Snow		Icy		Accelerated		Other	
				Other		Other		None			
								Other			
EMERGENCY RESPONSE (Applies to vehicle driven by employee)											
Did Emergency Response Arrive?	Yes		No		Were Emergency Lights and Siren Activated?	Yes		No			

SIGNATURES			
Employee Name:		Employee No.:	
Employee Signature:		Date:	
Supervisor Name:			
Supervisor Signature:		Date:	
Department Head or Authorized Representative			
Name:			
Signature:			
Date:			

DEPARTMENTAL PROCEDURE FOR DISTRIBUTION	
Copies must be forwarded to the following:	
Original Carl Warren & Company P. O. Box 116 Glendale, CA 91209-0116	One Copy (only if County Vehicle was damaged) Internal Services Department 1100 North Eastern Avenue, Room 210 Los Angeles, CA 90063
(Not applicable for Road and Flood Control vehicles)	

RULES AND INSTRUCTIONS

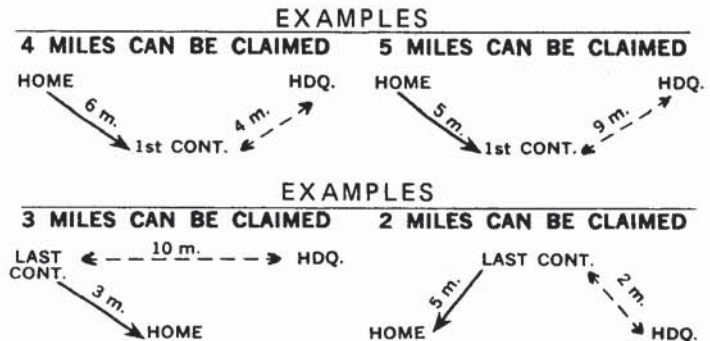
I. WHAT TYPES OF MILEAGE AND OCCASIONAL PARKING MAY BE CLAIMED?

MILEAGE AND PARKING REIMBURSEMENT IS ALLOWED FOR TRIPS MADE BY AUTHORIZED MILEAGE PERMITTEES, DRIVING THEIR PERSONAL AUTOMOBILES ON OFFICIAL COUNTY BUSINESS, SUBJECT TO THE FOLLOWING LIMITATIONS:

A. MILEAGE AND PARKING WILL NOT BE REIMBURSED FOR TRIPS MADE ONLY BETWEEN HOME AND HEADQUARTERS OR HEADQUARTERS AND HOME.

B. MILEAGE WILL BE REIMBURSED FOR TRIPS FROM HOME TO THE FIRST POINT OF CONTACT (WORK LOCATION) NOT TO EXCEED THE DISTANCE BETWEEN THE FIRST POINT OF CONTACT TO HEADQUARTERS.

C. MILEAGE WILL BE REIMBURSED FOR TRIPS MADE FROM THE LAST POINT OF CONTACT (WORK LOCATION) TO HOME, NOT TO EXCEED THE DISTANCE BETWEEN THE LAST POINT OF CONTACT TO HEADQUARTERS.



D. OCCASIONAL PARKING EXPENSES MAY BE CLAIMED FOR REIMBURSEMENT BY PERMITTEES FOR ACTUAL EXPENSES INCURRED AS A NECESSARY PART OF TRIPS MADE ON COUNTY BUSINESS AT DESTINATIONS OTHER THAN HEADQUARTERS.

II. HOW TO FILL OUT THE MILEAGE FORM.

A. FILL IN THE HEADINGS COMPLETELY ON EVERY SHEET OF YOUR MILEAGE CLAIM.

B. ADDRESSES OF DESTINATIONS MUST BE LISTED. TOWNS MUST BE IDENTIFIED.

C. SPEEDOMETER READINGS MUST BE GIVEN IN ROUND NUMBERS ONLY. IF THE DISTANCE BETWEEN EACH OF A SERIES OF CALLS IS ONE MILE OR LESS, THE SPEEDOMETER READING, TIME, AND MILES CLAIMED MAY BE OMITTED FOR SUCH CALLS; HOWEVER, THE SPEEDOMETER READING, TIME, AND MILES CLAIMED MUST BE GIVEN AT LEAST ONCE EVERY FIVE MILES.

D. PURPOSES OF TRIPS MUST BE STATED.

E. WHENEVER THE CONTINUITY OF YOUR TRAVEL IS BROKEN BY A PERSONAL TRIP, INDICATE YOUR PERSONAL TRIP CLEARLY.

F. WHERE MORE THAN ONE SHEET IS USED IN PREPARING YOUR CLAIM, DETACH (ON THE INDICATED LINE) THE LOWER PORTION OF ALL SHEETS EXCEPT THE LAST ONE.

G. AFTER YOUR CLAIM IS COMPLETED, PRINT YOUR CORRECT EMPLOYEE NUMBER, LEGIBLY, ON THE LINE MARKED "EMPLOYEE NUMBER," AND SIGN THE CLAIM ON THE LINE MARKED "PERMITTEE."

H. PLACE THE MILEAGE CLAIMED FIGURES AND AMOUNTS, AND THE OCCASIONAL PARKING AMOUNTS ON THE APPROPRIATE LINES. REMEMBER THAT THERE ARE SEPARATE AREAS DESIGNED FOR NON-TAXABLE AND TAXABLE MILEAGE AND NON-TAXABLE AND TAXABLE PARKING.

I. YOUR CLAIM MUST BE EXAMINED AND APPROVED IN THE NAME OF YOUR DEPARTMENT HEAD.

J. THE ORIGINAL CLAIM ONLY WILL BE SUBMITTED TO THE AUDITOR FOR PAYMENT. ANY DUPLICATE OR SUPPLEMENTAL CLAIMS SUBMITTED MUST BE CLEARLY MARKED AS SUCH AND BEAR ORIGINAL SIGNATURE AND APPROVALS.

III. AUDIT OF CLAIM

A. MILEAGE CLAIMS ARE AUDITED AND PAID BY THE DEPARTMENT OF AUDITOR CONTROLLER. ILLEGIBLE CLAIMS AND CLAIMS WHICH LACK CORRECT AND COMPLETE DATA WILL BE RETURNED, UNPROCESSED, TO THE PERMITTEE FOR CORRECTION.

B. ANY QUESTIONS CONCERNING RETURNED CLAIMS OR UNPAID CLAIMS MUST BE DIRECTED TO YOUR DEPARTMENTAL OR DIVISIONAL MILEAGE CLERK.

NOTE: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT PORTIONS OF MILEAGE AND PARKING REIMBURSEMENT RECEIVED BY PERMITTEES IS SUBJECT TO WITHHOLDING (FEDERAL TAX, STATE TAX, FICA). THE MILEAGE FORM PROVIDES SEPARATE AREAS FOR CLAIMING TAXABLE (SUBJECT TO WITHHOLDING) MILEAGE, TAXABLE PARKING, NON-TAXABLE MILEAGE AND NON-TAXABLE PARKING. DETAILED INSTRUCTIONS ARE INCLUDED IN THE MILEAGE MANUAL THAT EXPLAIN THIS CLAIMING PROCEDURE.