

Lead Volunteer Fire Department
Reimbursement policy

PURPOSE:

This section outlines how members of the Lead Volunteer Fire Department will receive per diem checks.

**POLICY:
PER DIEM:**

Per Diem will be paid to a member who has incurred an approved cost while performing duties for the Fire Dept. Normal per diem includes meals and lodging while in travel status away from home. Members will be paid back according to the predetermined per diem rates for the Lead Volunteer Fire Department Members should be prepared to pay for meals and lodging while traveling to and from incidents, trainings and other fire dept functions. All member travel reimbursement claims must be submitted by the member within 60 days of the travel and before the business meeting. If a member submits a travel reimbursement after a business meeting they will not be reimbursed until the next business meeting and if a member does not submit a travel reimbursement form within 60 days of travel the member will not be reimbursed for their travel. A member must fill out a commitment form prior to the training or planned fire dept. function and it must be approved by the Fire Chief or his/her designee. Members will need to keep original receipts for lodging, airline, rental vehicle, Train, parking, taxis, bus, ride shares Uber/Lyft, tolls, registration fees and other miscellaneous expenses. Members will not need to keep receipts for meals and the Lead Volunteer Fire Department **Will Not** reimburse for alcoholic beverages.

Per Diem Rates and Mileage Rates

Breakfast \$14 a day

Need to leave Before 6:00AM and Return after 9:00AM

Lunch \$16 a day

Need to leave Before 11:00AM and Return after 2:00PM

Dinner \$26 a day

Need to leave Before 5:00pm and Return after 6:30PM

Incidental \$5 a day

Only get this if you stay overnight

Meals that are provided by the incident/event or are paid for in registration costs will not be reimbursed

Mileage Allowance \$0.58 Per Mile

Only if you take your POV (MUST BE APPROVED)

Lead Volunteer Fire Department
TRAVEL PAYMENT DETAIL

NAME _____
ADDRESS _____

ORGANIZATION _____
BUDGET ENTITY _____

Invoice ID		Date	Employee No		Return Date			Adv	Exp	License No.	Home Station	
								x			Lead,SD	
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time Leave Return		Project Code	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense		

SUBTOTALS													
PURPOSE OF TRAVEL _____										GRAND TOTAL			
										APPLY TO ADVANCE			
										AMOUNT			
										REIMBURSABLE			

6:00 AM - 9:00 AM Breakfast In-State \$ 14.00
 11:00 AM - 2:00 PM Lunch \$ 16.00
 5:30 PM - 8:00 PM Supper \$ 26.00
 Only overnight Incidentals \$ 5.00
 Lodging \$ 200.00

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my Knowledge and belief, is in all things true and correct.

Claimant	Date	Authorization	Date
		Authorization	Date