

**Personal Automobile Use Permission Form**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

YEAR AND MAKE OF AUTO \_\_\_\_\_

VEHICLE LICENSE NUMBER \_\_\_\_\_

INSURANCE CARRIER/AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

LIABILITY LIMITS \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

DRIVING RESTRICTIONS \_\_\_\_\_

Please attach a copy of the face sheet of your policy or a Proof of Insurance form from your insurance company.

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the County Office, in writing, or any changes in the above information. I understand the County Office may obtain a Department of Motor Vehicles driving record check annually. I understand that mileage reimbursement paid by the County Office covers all operating expenses on my vehicle including, but not limited to, insurance, gas, oil, maintenance, etc. I understand mileage reimbursement will not be made unless a current copy of this form and attachments are on file with the Business Department.

I further certify that to the best of my knowledge, the above vehicle is mechanically safe, and that I have read and understand the District Personal Vehicle Use Policy.

I also understand that failure to comply with the above could be grounds for termination of my employment with the County Office.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department/Division Approval \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If you drive your personal automobile while on County Office business and you are involved in an accident, by law your personal insurance policy will be considered as the primary coverage. The County Office does not insure, nor is it liable for, comprehensive and collision coverage for your vehicle. The County Office property & liability coverage does not provide comprehensive or collision coverage to personally owned vehicles. The Monterey County Office of Education liability coverage is considered as excess coverage if primary coverage limits have been exhausted.

**Travel Cost-Efficient Certification**

\*To be used for trips in excess of 200 one-way miles

Name	Department
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Destination	One-way miles
Purpose	
Date(s) of Conference/Meeting	
Departure date	Return date

AIR TRAVEL	PRIVATE CAR
Round-Trip Mileage to airport x rate	Miles x rate
Cost of Airfare	Cost of meals en route
Long-Term Parking	
Taxi	
Shuttle	
TOTAL =	TOTAL =

Prepared by	Dept/Division Head
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\*AR 3350. For trips in excess of 200 one-way miles, travel by air is authorized as the overall most cost-efficient mode of travel. If trips over 200 one-way miles are taken by car, train, or bus the reimbursement for travel expense is limited to the amount that would normally be reimbursed by airplane.

**MCOE Automobile Use Driver Information Form**

NAME\_\_\_\_\_ DATE\_\_\_\_\_

DRIVER'S LICENSE NO.\_\_\_\_\_ EXPIRATION DATE\_\_\_\_\_

DEPARTMENT\_\_\_\_\_ PHONE EXT.\_\_\_\_\_

The County Superintendent owns and operates a fleet of vehicles for use by employees. The use of these vehicles is to provide staff a means of transportation to various locations for Monterey County Office of Education (MCOE) business. MCOE-owned vehicles may only be used for MCOE purposes.

**Vehicle Operation Standards**

- 1. Vehicles may only be used for authorized MCOE purposes.
- 2. Drivers and all occupants must wear a seatbelt at all times and observe all posted speed limits including reduced speed construction zones and road hazard warnings. All seatbelts need to be fastened before the vehicle is put in motion.
- 3. Drivers of vehicles must observe all State and local laws.
- 4. Drivers of vehicles who receive a traffic citation or parking ticket while using a MCOE-owned vehicle will be personally responsible for the citation or ticket.
- 5. MCOE employees may not drive an MCOE-owned vehicle while under the influence of intoxicating liquor or drugs, nor may the employee use any tobacco products while in the vehicle.
- 6. Drivers are responsible for the safe operation and condition of the vehicle they are driving and should be familiar with the vehicle safety equipment. Vehicle problems or concerns should be promptly reported to transportation staff.

Employee Signature\_\_\_\_\_ Date\_\_\_\_\_

Department/Division Approval\_\_\_\_\_ Date\_\_\_\_\_

## Per Diem Meals and Incidentals Tier Chart

Primary Destination in California	County	Meals and Incidentals Tier
<b>Standard Rate</b>	<b>Applies for all locations not specified</b>	1
Antioch / Brentwood / Concord	Contra Costa	4
Bakersfield / Ridgecrest	Kern	3
Barstow / Ontario / Victorville	San Bernardino	2
Death Valley	Inyo	4
Eureka / Arcata / McKinleyville	Humboldt	6
Fresno	Fresno	4
Los Angeles	Los Angeles / Orange / Ventura / Edwards AFB less the city of Santa Monica	4
Mammoth Lakes	Mono	6
Mill Valley / San Rafael / Novato	Marin	6
Monterey	Monterey	6
Napa	Napa	5
Oakhurst	Madera	4
Oakland	Alameda	5
Palm Springs	Riverside	4
Point Arena / Gualala	Mendocino	5
Redding	Shasta	1
Sacramento	Sacramento	4
San Diego	San Diego	4
San Francisco	San Francisco	6
San Luis Obispo	San Luis Obispo	4
San Mateo / Foster City / Belmont	San Mateo	5
Santa Barbara	Santa Barbara	6
Santa Cruz	Santa Cruz	3
Santa Monica	City limits of Santa Monica	4
Santa Rosa	Sonoma	4
South Lake Tahoe	El Dorado	4
Stockton	San Joaquin	4
Sunnyvale / Palo Alto / San Jose	Santa Clara	4
Tahoe City	Placer	4
Truckee	Nevada	6
Visalia / Lemoore	Tulare / Kings	3
West Sacramento / Davis	Yolo	4
Yosemite National Park	Mariposa	5

HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER  
EXEMPTION CLAIM FOR GOVERNMENT AGENCIES

Name \_\_\_\_\_

Title \_\_\_\_\_

Employed by: Monterey County Office of Education

Hotel/Motel \_\_\_\_\_

Location \_\_\_\_\_

Arrival \_\_\_\_\_

Departure \_\_\_\_\_

This is to certify that I, the undersigned, am a representative or employee of the public school indicated above. The Monterey County Office of Education is an agency of the State of California. The charges for the occupancy at the above establishment on the dates set forth have been, or will be paid for by such governmental agency, and such charges are incurred in the performance of my official duties as a representative or employee of the above-noted governmental agency. I hereby declare under penalty of perjury that the foregoing statements are true and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Instruction to Employee:** Please complete this form and present to the hotel/motel at the time of registration or reservation if prepaid.

**Instruction to Hotel/Motel:** Please retain this form for your files in order to substantiate your tax report.

MCOE Employee Travel Request Form

AR 3350 Exhibit 6

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Department/Funding Source \_\_\_\_\_

I HEREBY REQUEST AUTHORIZATION TO ATTEND \_\_\_\_\_  
Conference/Meeting/Workshop Title

at \_\_\_\_\_ on \_\_\_\_\_ through \_\_\_\_\_  
date date date

JUSTIFICATION OF REQUEST

Substitutes are required for \_\_\_\_\_ days.  
(If none, enter -0-)

For Business Office  
Use only  
ACTUAL EXPENSES

**ESTIMATED COSTS**

Cost of substitutes \_\_\_\_\_

\_\_\_\_\_

Number of business auto miles \_\_\_\_\_  
established rate per mile \_\_\_\_\_

\_\_\_\_\_

Cost of meals Actual Per Diem \_\_\_\_\_

\_\_\_\_\_

No. of days lodging \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_

Name of Hotel/Motel \_\_\_\_\_

P.O. Number \_\_\_\_\_

Conference Fees \_\_\_\_\_

P.O. Number \_\_\_\_\_

Parking Fees \_\_\_\_\_

\_\_\_\_\_

Other Transportation \_\_\_\_\_

\_\_\_\_\_

Name of Carrier \_\_\_\_\_

Other Costs (Explain) \_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_

\_\_\_\_\_

This request is approved \_\_\_\_\_  
Dept/Div Head

\_\_\_\_\_ Date

Account Number to be charged \_\_\_\_\_

Superintendent must approve all travel outside the state of California

\_\_\_\_\_ Superintendent

\_\_\_\_\_ Date

**FOR BUSINESS OFFICE ONLY**

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved for Payment

Internal Services

**REQUEST FOR CASH ADVANCE**  
(MCOE Employees Only)

Employee ID: \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Purpose of Conference \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Conference from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Number of days \_\_\_\_\_

Travel: Number of Miles	x	Current IRS rate per mile	=	\$
Meals: Number of Full Days	x	Based on Tiers	=	\$
Lodging: Number of Days	x	* \$150.00 per day	=	\$
Registration Fee			=	\$
<b>Estimated Travel Cost Sub-Total (A)</b>				\$
<b>Allowable Advance Percentage (B)</b>				0.75
<b>Amount of Advance (A x B)</b>				\$

\*Estimated for calculation purposes only. Actual amount of expense will be paid.

I certify,

1. The above request for a cash travel advance is needed.
2. I will report this advance on my next monthly travel reimbursement claim.
3. I will turn in all original itemized receipts to support meals, lodging and expenses.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Fund	Resource	Yr.	Goal	Function	Object	Sub-object	School	Local	Manager	Amount

(Please submit this request at least 10 working days in advance to allow ample time to issue a warrant through normal computer processing)

Division Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Business Office Use Only</b></p> <p>Paid by Warrant # _____</p> <p>Date _____</p> <p>Amount \$ _____</p>
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**REQUEST FOR CASH ADVANCE**  
(Parents of MCOE programs only)

Parent Name \_\_\_\_\_

Department \_\_\_\_\_

Purpose of Parent Attending Conference \_\_\_\_\_

Dates of Conference from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Number of days \_\_\_\_\_

Travel: Number of Miles (only if parent is driving)	x	Current IRS rate per mile	=	\$
Travel: Air or other ground (only if parent will pay for the travel)				
Meals: Number of Full Days	x	Based on Tiers	=	\$
Lodging: Number of Days (only if the parent is paying for lodging)	x	* \$150.00 per day	=	\$
Registration Fee			=	\$
<b>Estimated Travel Cost Sub-Total (A)</b>				\$
<b>Allowable Advance Percentage (B)</b>				0.75
<b>Amount of Advance (A x B)</b>				\$

\*Estimated for calculation purposes only. Actual amount of expense will be paid.

I certify,

1. The above request for a cash travel advance is needed by the parent to allow attending.
2. That I will complete for the parent within 30 days a travel reimbursement claim indicating the advance received.
3. I will direct the parent to turn in all original itemized receipts to support travel, meals, lodging and expenses.

\_\_\_\_\_  
Director signature

\_\_\_\_\_  
Date

Fund	Resource	Yr.	Goal	Function	Object	Sub-object	School	Local	Manager	Amount

(Please submit this request at least 10 working days in advance to allow ample time to issue a warrant through normal computer processing)

Division Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

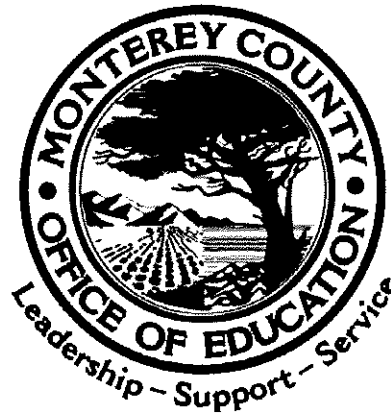
<p><b>For Business Office Use Only</b></p> <p>Paid by Warrant # _____</p> <p>Date _____</p> <p>Amount \$ _____</p>
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## Regulations and Procedures

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# MONTEREY COUNTY OFFICE OF EDUCATION



State of California  
CAL-Card Purchasing Card Program

Program Administrator  
Associate Superintendent of Finance and Business Services

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## OVERVIEW

This booklet provides the guidelines that have been determined to be standard Regulations and Procedures for this Purchasing Card Program. The Regulations and Procedures apply to all cardholders of MCOE Purchasing Cards. Please read it carefully.

The State of California CAL-Card Purchasing Card Program is contracted through U.S. Bank and is to be used only for MCOE business. Purchasing Cards are issued by the Finance & Business Department on an approval basis. The Purchasing Card Program Administrator is the Associate Superintendent of Finance and Business Services.

The program is not intended to avoid or bypass appropriate purchasing or payment procedures established by MCOE. Rather, the program complements the existing processes. All purchases must comply with current MCOE purchasing standards (see attached).

The Purchasing Card you will receive will have your name embossed on it. It is for your use **only**. No one else may use your Purchasing Card.

You are responsible for the security of your card and the transactions made with the card. The Purchasing Card is for MCOE business use only. The use of the Purchasing Card for personal charges is **strictly prohibited**, and could be grounds for termination of your card and disciplinary action by the MCOE. The cardholder is ultimately responsible for all purchases made on his or her card.

The Monterey County Office of Education has the right to revoke Purchasing Cards for any reason and at any time. Your signature on the enclosed Purchasing Card Application and Agreement indicates that you understand the intent of the program and agree to adhere to the Regulations and Procedures established for the program.

## TO OBTAIN A CARD

1. Submit a request to the Associate Superintendent, Finance and Business Services Division.
2. Please read the Regulations and Procedures booklet before requesting your Purchasing Card. This booklet provides the information about the process, types of purchases that can and cannot be made, records that must be maintained and reconciled monthly, and other program requirements that you will be required to follow.
3. After you read and understand the Regulation and Procedures outlined, complete the enclosed Purchasing Card Application and Agreement. The department/division head for the cardholder must indicate approval by signing the form. All requests will be processed through the Associate Superintendent, Finance and Business Services Division.
4. Your new card will be sent directly to the Associate Superintendent of Finance and Business Services. When it is received, you will be contacted to pick up your card and sign for it.
5. When you receive your card, sign the back of the card, call in to activate it at the number on your card, and always keep it in a secure place! Although the card is issued in your name, it is the property of the MCOE and is only to be used for business purchases as defined in this document.

## **THE PURCHASING CARD MAY BE USED ONLY FOR TRAVEL AND CONFERENCE EXPENSES. THIS INCLUDES THE FOLLOWING:**

- Travel expenses for hotel, airline, and conference registrations  
*Travel and Conference must always be pre-approved by department/division head and the County Superintendent for out-of-State travel*
- Meals while traveling for MCOE business (no alcoholic beverages)
- Airfare, Baggage fees
- Parking (airport, hotel)
- Registrations (including materials)
- Car Rental
- Taxi

## **USING THE PURCHASING CARD TO RESERVE A ROOM**

As a condition for booking a room, most hotels require that a purchase card number be provided. If a cardholder uses their CAL-Card for room reservations, and then cancels the booking ahead of time, the CAL-Card will not be charged. If reservations are not cancelled due to negligence, the employee **will** be responsible for the charges and must reimburse MCOE for the full amount.

## **SOME BUILT-IN RESTRICTIONS**

Each card will be assigned an individual single transaction credit limit of **\$1,500** for airline and workshop registration and credit limit of **\$3,000**. If you find over time that these limits are too low to accommodate your monthly requirements, please contact your administrator to re-evaluate your limits. U.S. Bank will not change your credit limit without the approval of the Associate Superintendent of Finance and Business Services.

In addition, no transaction may exceed **\$1,500** in value. If you have an unusual, one-time transaction that will exceed the limit, you will need to complete and submit, to the Associate Superintendent of Finance and Business Services, a Request for Temporary Purchasing Card Limit Increase form. Cardholder is responsible for any unauthorized purchases made, and unauthorized purchases could be grounds for withdrawal of your card and disciplinary action by the MCOE.

## **INSTRUCTIONS FOR USE**

1. Based on your travel plans, contact the airline / travel agent / entity offering the workshop or seminar.
2. Purchase the airline ticket / register for workshop or seminar / book a rental car by providing your Purchasing Card number and your name. Log the purchase on your Purchasing Card Monthly Log sheet.
3. Upon receipt of your monthly statement from Accounts Payable, reconcile your receipts with the statement. Fill in the description and account number for each transaction on your Purchasing Card Monthly Log. Attach original itemized receipts and necessary backup, including the monthly log **signed by both the cardholder and their immediate supervisor**. It is the cardholder's responsibility to retain a photocopy of all receipts even after the originals have been submitted to the Business Office. Cardholder may dispose of such copies after all purchases have been fully approved and processed by the Business Office.

## **BUDGET**

Purchasing Card expenditures are to be included in your department budget. It is the cardholder's responsibility to be certain that Purchasing Card expenditures are within budget limitations.

## **LOGGING PURCHASES**

The Purchasing Card Monthly Log is a tool for you to use to track your purchases so that you can reconcile the charges on your monthly statement. It is required that you submit the monthly log – signed by both the cardholder and their immediate supervisor – as an attachment with each monthly statement.

## **RECEIPTS**

It is required that you retain all **original itemized** receipts for travel related transactions. As you make your purchases, keep all original receipts in a folder with your log sheet. Your monthly statement must be submitted with the log sheet and receipts.

If you are missing a receipt and are unable to obtain an original or duplicate original receipt from the vendor, you may submit instead the MCOE Certification of Lost Receipt form (included with Exhibit A) instead.

## **MONTHLY STATEMENTS**

### **What to do with the statement**

The Business Services Department receives a monthly statement identifying all transactions made against the card during the previous billing cycle. The statements are sent by U.S. Bank (see Exhibit B for a sample). Accounts Payable will make copies of the statement to show each cardholder his/her expenses for the department, along with the first page of the statement

showing the account balance and payments made. A copy of the statement will also be e-mail to the department. Each statement must be reconciled and submitted to the Accounts Payable Department with the required information as follows:

1. The cardholder must prepare a Purchasing Card Monthly Log with the information provided on the statement and attach the original itemized receipt, which must match the statement for each charge. Include any meeting announcements, agendas, and complete conference registration forms and approved Travel Request Forms. List the account number the transaction is to be charged. If all transactions will be charged to one account, then write the account number, only once, at the bottom and note "all above".
2. The cardholder must submit completed, signed and dated Purchasing Card Monthly Logs with backup to their immediate Supervisor for review, signature and date.
3. After the immediate Supervisor has approved and signed the log, the cardholder will submit the Purchasing Card Monthly Log with all backup to Accounts Payable. To ensure payments are made in a timely manner the information must be returned within two weeks of receiving the statement from Accounts Payable.

### **If your records don't agree with your statement**

There may be occasions when items on your statement do not correlate with the entries in your log or your retained receipts. You may not have made the transaction, the amount of the transaction may be incorrect, or you may have a quality or service issue.

Provide the transaction in question highlighted on your log and on your statement. Forward the statement and completed Cardholder Statement of Questioned Item form to the Business Services Department. Be sure to attach all the non-disputed receipts for processing. Accounts Payable will contact the vendor involved to try to resolve the issue. If the vendor agrees that an error has been made your account will be credited.

If the vendor does not agree that an error has been made, Accounts Payable will contact U.S. Bank Customer Service on your behalf to dispute the charge on your card. The amount of the next statement will be reduced by the amount of the disputed item until the transaction in question is resolved. Any transaction you wish to dispute must be identified in writing via the Cardholder Statement of Questioned Item form to the Business Services Department within 60 days of the statement date. Disputes will then be resolved by U.S. Bank within 90 days.

### **RECONCILIATION PROCESS**

Completed CAL-Card statements are due to Accounts Payable no later than two weeks of receipt of the statement received via e-mail from Accounts Payable. **To ensure accurate processing of your monthly CAL-Card Statement the following items must be attached:**

- Statement of Account (CAL-Card Monthly Statement) with Purchasing Card Monthly Log, each signed by both the cardholder and their immediate supervisor (in the absence of a department head, the cardholder may submit with the signature of a division head).
- Receipts smaller than 8-1/2 x 5-1/2 **taped** to an 8-1/2 x 11 sheet of paper (tape all four sides of receipt to a piece of paper to enable clerks to put through copier).

- Each transaction must include a valid account number(s) with **sufficient funds**. Include information on the CAL-Card Charge Descriptions and Account Line Itemization Form in sequential order.
- Meals purchased while on official MCOE business must not exceed the limit set by MCOE policy.
- For all travel-related expenses, i.e. hotel, parking, shuttle, taxi, rental vehicle, registration, while on official MCOE business, you must include all information listed below. A completed and approved MCOE Travel Request Form will be an accepted format for this attachment.
  - **Who?** First and last names of all MCOE Employees, and non-employees
  - **What?** Name of the Conference, Seminar, Meeting or reason for travel; attach agenda and registration form
  - **Where?** Location of the conference: City, State, Hotel
  - **When?** What were the exact dates of the conference
  - **Why?** Why did this item get charged i.e. taxi, parking, hotel room, dinner, breakfast, business call
- If the CAL-Card is utilized for airfare, attach itinerary confirmation. Out-of-state travel must be signed by the Superintendent. A cancellation itinerary should be attached if applicable. An agenda or registration is required for same-day travel.
- For Credits appearing on the CAL-Card monthly statement, attach backup documentation.

## **LOST OR STOLEN CARDS**

1. If your card is lost or stolen, or if you believe your account number has been compromised in a fraudulent manner, immediately notify the Associate Superintendent of Finance and Business Services.
2. Upon receipt of your call, further use of the card will be blocked. Prompt action in these circumstances can reduce your liability for fraudulent charges.