

TITLE OPERATIONS MANUAL	STANDARD INSTRUCTION 06		DEPARTMENT FIRE-RESCUE
SUBJECT: MEAL REIMBURSEMENT	SECTION 18	PAGE 1 of 2	EFFECTIVE DATE August 8, 2023

I. **PURPOSE**

This policy is designed to provide personnel with the procedure to obtain meal reimbursement.

II. **SCOPE**

This policy shall apply to all sworn San Diego Fire-Rescue Department (SDFD) personnel, excluding Lifeguard Personnel.

III. **AUTHORITY**

The Fire Chief authorizes this policy.

IV. **POLICY**

A. Operations Personnel

The Department will provide compensation for meals when personnel will be out of their regular quarters for an extended time period encompassing the lunch period (beyond 1330 hours) or dinner period (beyond 1830 hours). Meals will also be compensated when kitchen appliances or utilities are inoperable, making it impractical or unsafe to prepare meals. Other justified reasons will also be considered. On occasions when the work shift is extended beyond 0900, breakfast may be provided.

Any meals provided by the Department will be considered a replacement meal rather than a supplementary meal. All meal requests will be routed through the incident commander or battalion chief.

Supervisors should use discretion during sit-down meals to ensure operational readiness at all times. The supervisor will be responsible for seeing that meals purchased are within set guidelines.

Reimbursement amounts are listed in the General Services Administration (GSA) per diem rates for the City of San Diego in compliance with the Local 145 Memorandum of Understanding (MOU).

B. 40-Hour Personnel

Personnel may initiate a request for reimbursement for meal expenses incurred while on [unscheduled/emergency overtime](#) as follows:

1. When personnel are required to start two hours before the normal work day, while department work is being performed.
2. When personnel are required to be kept two hours beyond the end of their scheduled shift while department work is being performed. .
3. When personnel are called to perform departmental work during a normal day off, meals shall be authorized after four continuous hours of work, which run through the normal meal hours (1200 - 1330 or 1700 - 1830).

C. Personnel may be reimbursed for other Operational Circumstances as authorized by the Fire Chief or designee.

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D. Reimbursement Procedures

1. Personnel incurring meal expenses shall obtain a receipt or cash register stub.
2. Submit a COM-5 Petty Cash Certification Slip including the following information:
 - a. Name of the claimant, including permanent station and division assignment
 - b. Amount of expense
 - c. Department
 - d. Date
 - e. Item(s) purchased (include names of all personnel who received meals)
 - f. Purchase location
 - g. Reason for purchase, a clear and complete explanation of the expense, include an incident number if applicable
 - h. Signature
 - i. Supervisor's signature (battalion chief and/or deputy chief or supervisor for 40-hour personnel)
 - j. Fund number: 100000
 - k. Business area: 1912
 - l. Cost center: 1912145111
 - m. GL account: 512058
 - n. Internal order: 11003432
 - o. Attach the original receipt
3. Email copies of receipts and COM-5 to SDFDPettyCash@sandiego.gov.
4. Submit original receipts and COM-5 to Petty Cash Clerk, Mail Station 604.
 - a. When attaching receipts to COM-5, do not tape over receipt printing as that causes the printing to fade
5. All claims for reimbursement shall be made within 30 days of the date of the purchase or expense.
6. The limit for petty cash reimbursement is \$200 per occurrence.
 - a. Any amount exceeding \$200 will not be reimbursed

V. DEFINITIONS

- A. Unscheduled/Emergency Overtime: Work required which cannot be scheduled and for which personnel are called from home to an emergency or call-out basis assignment for which prior notice (24 hours prior to the start of overtime) was not given. The Extension of the normal workday is considered unscheduled overtime. [CLICK HERE TO RETURN](#)

EXAMPLE



City of San Diego Petty Cash Certification Slip

I, John Smith (B1/Sta01/A) hereby certify that the purchase totaling \$25.86
(CLAIMANT NAME) (AMOUNT)

represented by this voucher was made by me on behalf of Fire-Rescue
(DEPARTMENT/DIVISION)

Date of Purchase: 1/1/2017

Item(s) Purchased: Lunch for 4 (Name, Name, Name, Name)

Purchased at: In N Out

Business Reason: MOU Sec 8.D Extended Calls FS11111111, FS11111112
Include reference to regulatory document for any "personal" type expenditure, ie: MOU, Section XX.Xa

Claimant Signature: John Smith Date: 1/1/17

Supervisor's Name: Battalion Chief John Doe

Supervisor's Signature: John Doe Date: 1/1/17

(Fund Number) (Business Area) (Cost Center) (GL Account) (Internal Order)

NOTE: ORIGINAL RECEIPTS MUST BE ATTACHED

FOR OFFICE ONLY:

Date Received _____

Paid from Petty Cash on _____ by _____
(DATE) (CUSTODIAN'S SIGNATURE)

Received from Petty Cash on _____ by _____
(DATE) (CLAIMANT'S SIGNATURE)

ATTACH RECEIPT HERE:



Vendor info - In N Out
123 Main Street
San Diego, CA 92101

Date & Time
January 1, 2017 2:00PM

4 Cheeseburgers \$12.00
4 Medium Fries \$6.00 *Items purchased*
4 Medium Sprites \$6.00

Total \$24.00
Tax \$1.86
Amount Due \$25.86 *Amount paid*

Cash Tender \$25.86 *proof of payment*
Change Due \$0.00



Tape placed in blank areas of receipt