

<b>TITLE</b> OPERATIONS MANUAL	<b>STANDARD INSTRUCTION</b> 06		<b>DEPARTMENT</b> FIRE
<b>SUBJECT</b> STATION MANAGEMENT: MEAL REIMBURSEMENT	<b>SECTION</b> 18	<b>PAGE</b> 1 of 2	<b>EFFECTIVE DATE</b> 20 July 2018

I. **PURPOSE**

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

II. **SCOPE**

This policy shall apply to all San Diego Fire-Rescue Department (SDFD) personnel.

III. **AUTHORITY**

The fire chief authorizes the information within this policy.

IV. **DEFINITIONS**

- A. Scheduled Overtime: Work that is required for which an employee has been given prior notice (at least 24 hours prior to the start of overtime) and which does not necessitate the immediate departure from home, on an emergency or call-out basis, to arrive at the work site.
- B. Unscheduled Overtime: Work required which cannot be scheduled and for which employees are called from home to an emergency or call-out basis assignment for which prior notice (24 hours prior to start of overtime) was not given. Also considered an unscheduled overtime is the extension of the normal workday.

V. **POLICY**

A. **Operations Personnel**

The department will provide compensation for meals when it is believed that 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 for when kitchen appliances such as the stove or refrigerator are inoperable, making it impossible 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. The authority for authorizing meals is vested in the incident commander or battalion chief.

Sit down meals are prohibited. Meals must be purchased and eaten away from restaurant facilities. The supervisor will be responsible for seeing that meals purchased are within set guidelines.

Reimbursement amounts are listed in the Local 145 Memorandum of Understanding (MOU).

B. **40-Hour Personnel**

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Department employees may initiate a request for reimbursement for meal expenses incurred while on unscheduled/emergency overtime as follows:

1. When department work is being performed and employees are to start two hours before normal workday.
2. When department work is being performed and employees are to be kept two hours past their normal quitting time.
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. Reimbursement Procedures

1. Personnel incurring expense shall obtain a receipt or cash register stub.
2. Submit a COM-5 Petty Cash Certification Slip including the following information:
  - a. Name of claimant, include 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 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 original receipt
3. Email copies of receipts and COM-5 to [SDFDPettyCash@sandiego.gov](mailto: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.



# City of San Diego Petty Cash Certification Slip

# EXAMPLE

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 FS111111111, FS111111112  
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)

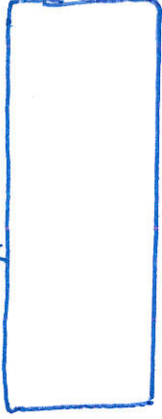
**NOTE: ORIGINAL RECEIPTS MUST BE ATTACHED**

**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:

Tape



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  
 4 Medium Sprites \$6.00

Items purchased

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

Amount paid

Cash Tender \$25.86  
 Change Due \$0.00

proof of payment



Tape placed in blank areas of receipt