




RETIREMENT BOARD POLICY AND REFERENCE MANUAL

SUBJECT: BOARD REQUESTED DISABILITY RELATED - TRAVEL REIMBURSEMENT	Section: 2-7 Date Adopted/Revised: 07/08/2020
SYSTEM(S): JOINT	Approved:  Retirement Administrator

PURPOSE

The Retirement Boards are fiduciaries and, as such, owe a duty of care to all system members and retirees. This duty includes oversight of all expenditures from Trust assets.

POLICY

It is the policy of the Retirement Boards to reimburse expenses for travel to disability medical evaluations only under all the following conditions:

1. The medical exam has been requested by the Boards or by the Boards' medical advisor.
2. It is not possible to set the location of the exam in Fresno County. Reimbursement will be the lesser of:

Travel to the exam from the City of Fresno Retirement Systems, versus
Travel to the exam from the applicant's place of residence (where the applicant does not reside in Fresno County).

3. Reimbursement is approved in advance.
4. The applicant must use the Boards' authorized form to request reimbursement.

Boards will reimburse the applicant for per diem, lodging and mileage in accordance with the City of Fresno Administrative Order (AO 1-4) provision for travel reimbursement.

Travel costs to attend disability related Board Meetings, Informal or Formal Hearings are the responsibility of the applicant and not the Retirement Systems.

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1. *Adopted 5/16/2001*
 2. *Reviewed and accepted 2/28/2008*
 3. *Revised and adopted 07/08/2020*



**BOARD REQUESTED
TRAVEL REIMBURSEMENT
FOR DISABILITY MEDICAL EXAMS**

Name: _____ Last 4 of SSN: _____

In accordance with Retirement Board Policy, you are entitled to reasonable reimbursement for travel to and from medical examinations requested by the Retirement Boards. Mileage will be reimbursed at the rate of _____ per mile.

		DATES						TOTAL
TRAVEL	Type:	<input type="checkbox"/> Air	<input type="checkbox"/> Auto					
	Fare:	<input type="checkbox"/> Taxi	<input type="checkbox"/> Bus					
	Parking							
	Mileage (odometer readings)							
		End	Start	Less Personal				
		Vehicle Allowance?* 9 Yes 9 No						
MEALS	Breakfast							
	Lunch							
	Dinner							
LODGING	RATE							
	TAX							
TOTAL EXPENSES								

Please use this form to keep track of your trips and submit it to:

City of Fresno Retirement Office
2828 Fresno Street, Suite 201
Fresno CA 93721-1327
Phone: (559) 621-7080
FAX: (559) 621-7081

I certify that the foregoing is a correct statement of expenses incurred by me.

Signature

Date

Address

Phone

Retirement Administrator

Date