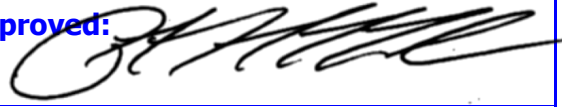




RETIREMENT BOARD POLICY AND REFERENCE MANUAL

SUBJECT: BOARD REQUESTED DISABILITY RELATED - TRAVEL REIMBURSEMENT	Section: 2-7 Date Adopted/Revised: 11/12/2025
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 if all the following conditions are satisfied:

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.
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, except for the travel reimbursement form as set forth in 4. above. Receipts must be attached.

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).

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*
 4. *Revised and adopted 11/12/2025*

City of Fresno Retirement Systems
TRAVEL EXPENSE ADVANCE/REIMBURSEMENT FOR DISABILITY MEDICAL EXAMINATIONS

☒ ADVANCE

☐ REIMBURSEMENT

Name: _____

Destination: _____

Beginning Date: _____

End Date: _____

ATTACH RECEIPTS

DATE(S)

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Lodging:

Room Rate:

Tax Rate:

☐ Check box to use per diem.

Breakfast: \$____ Lunch \$____ Dinner \$____

Breakfast:

Lunch:

Dinner:

Misc Expenses:

Phone/FAX

Tips:

Transportation:

Airfare:

Rental Vehicle:

Taxi Cab/Shuttle:

Parking:

Personal Auto Mileage:

end

start

less personal miles

Total Miles Driven

Mileage Reimb Rate

Mileage Cost

Subtotal Transportation

Subtotal Mileage Cost

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TOTAL EXPENSES

0.00	0.00	0.00	0.00	0.00	0.00	0.00
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NOTES

Corp Card Charges

Subtotal

Reimbursement Due Member

Balance Due Systems

AUTHORIZATION/APPROVAL:

Retirement Administrator

Date

MEMBER'S CERTIFICATION

I certify that these expenses were incurred for Retirement System-related travel. I have verified documentation and approve them as proper and/or appropriate charges.

Name

Date