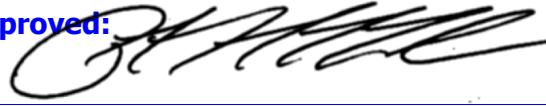




RETIREMENT BOARD POLICY AND REFERENCE MANUAL

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.

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

Name: _____

ADVANCE

REIMBURSEMENT

Destination: _____

Beginning Date: _____

ATTACH RECEIPTS

End Date: _____

DATE(S)

--	--	--	--	--	--	--

Lodging:

Room Rate:

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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

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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

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AUTHORIZATION/APPROVAL:

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.

Retirement Administrator _____

Name _____

Date _____

Date _____