




RETIREMENT BOARD POLICY AND REFERENCE MANUAL

SUBJECT: BOARD REQUESTED DISABILITY MEDICAL EXAMS - TRAVEL REIMBURSEMENT	Section: 2-7 Date Adopted/Revised: 05/16/2001
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 the following conditions:

1. The medical exam has been requested by the Boards or by the Boards' medical advisor.
2. The location of the exam is outside Fresno County.
3. 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.

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1. Adopted 5/16/2001
 2. Reviewed and accepted 2/28/2008



BOARD REQUESTED TRAVEL REIMBURSEMENT FOR DISABILITY MEDICAL EXAMS

Employee: _____

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?* <input type="checkbox"/> Yes <input type="checkbox"/> 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

Retirement Administrator

Date