

2023 Guardian Leadership: Developing a Culture of Excellence

REIMBURSEMENT REQUEST FORM FOR DA STAFF ONLY

THE PROCESS FOR REQUESTING REIMBURSEMENT DIFFERS DEPENDING ON WHETHER YOU ARE A STATE PAID EMPLOYEE OR COUNTY PAID EMPLOYEE.

IF YOU ARE A...	Request for Reimbursement
State Paid Employee (including SPCR and DHS Child Support ADAs)	Online only @ CONCURSOLUTIONS.COM
County Paid Employee	Paper-based forms, emailed to: fiscal@pacga.org <i>Must be signed by Elected Official</i>

Maximum Reimbursable Amounts:

Breakfast	\$13.00 (unless provided at hotel)
Lunch	Provided
Dinner	\$23.00
Lodging	\$101.00 (This is including taxes and hotel fee. Lodging available ONLY to attendees whose home and office are MORE than 50 miles from the training location.)
Mileage	\$0.18/mile – personal vehicle (if State vehicle is available) \$0.62/mile – personal vehicle (if State vehicle is not available) (Mileage reimbursed to State Paid Employees Only)

Please Note:

- Receipts are required for all items claimed EXCEPT meals and mileage. Please submit within 30 days.
- Non-state paid personnel applying for reimbursement of expenses from the Council for the first time on or after October 1, 2018 must submit a W9 Form AND a Vendor Management Form to set up ACH payments with the request for reimbursement. If you have not done so already, please send the signed vendor management form to fiscal@pacga.org. In addition, please fill in the highlighted areas of the W9 form and submit a signed copy with your vendor management form to fiscal@pacga.org.
- Reimbursement of attendees for conferences is based on the availability of state funds for that purpose. For District Attorney personnel, reimbursements come out of the approved travel budget for the Judicial Circuit. State Court Solicitors-General personnel are reimbursed out of a separate fund. Employees of other agencies are not eligible for reimbursement by PAC. Travelers traveling overnight "In State" must deduct 25% of the total per diem rate on the first and last day of travel.
- Reimbursement requests will be audited and processed according to Statewide Travel Regulations and Travel Rules and Regulations of the PAC Council. These regulations are accessible here: <http://www.pacga.org/site/content/78>
- Per State policy and IRS guidelines, reimbursement requests more than 60 days old, if paid, are required to be reported to the IRS as taxable income.



Travel Reimbursement Form - Non-State Paid or Third Party Assignment

NAME: _____ POSITION: _____ EMAIL: _____ STATE PAID: _____ NON-STATE PAID: _____ (Check One) SOCIAL SECURITY NO: _____ OFFICE TELEPHONE NO: _____ CIRCUIT: _____ OFFICE ADDRESS: _____ _____ REIMBURSEMENT MAILING ADDRESS: _____ _____	Complete this portion only if reimbursement is to be sent to agency other than employee: ASSIGNMENT: I HEREBY ASSIGN PAYMENT TO: NAME: _____ MAILING ADDRESS: _____ _____ _____ CITY: _____ STATE: _____ ZIP: _____
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List the name(s) of everyone who is entitled to reimbursement from PAC and with whom you shared a room: _____

PURPOSE: _____

FOR PERIOD FROM: _____ TO: _____

All reimbursements are subject to State Law and current Council Travel and Training Regulations. A receipt or other similar documentation must be attached for lodging expenses submitted for reimbursement. See O.C.G.A. §45-7-29

DATE	DEPARTURE		ARRIVAL		SUBSISTENCE				TOTALS	PAC USE ONLY
	TIME	LOCATION	TIME	LOCATION	B'FAST	LUNCH	DINNER	LODGING		APPROVED
TOTAL:										
1	MILEAGE		MILES AT \$		per mile (MUST RECORD MILEAGE ON SECOND PAGE)					
2	GASOLINE; Oil: (Explain on reverse side)									
3	OTHER EXPENDITURES: (Explain on reverse side and attach receipts)									
TOTAL EXPENDED:										

CERTIFICATION: I certify under criminal penalty for making a false statement in violation of O.C.G.A. §16-10-20, that the above statements are true and I have incurred the above described expenses and authorized use of mileage in the discharge of my official duties.

Signature: _____

Date: _____

Elected Official's Signature: _____

Date: _____



PAC Reimbursement Process

PAC and the State Accounting Office require that all reimbursements be made by ACH.

State-Paid Employees

State-paid and SPCR personnel should use the Employee Self-Service option in HCM (Teamworks) by navigating to Main Menu/ Self Service/ Employee Expense Reimbursement to update banking information (Please note this is **NOT** the same location as setting up ACH payments for payroll). Banking information will update immediately. If there is an address change, it can be updated as well. An email confirmation will be sent to the email address used on the page once you submit any changes. Please note that State employees do not have an option to update their name in Self Service. If your name has changed, please contact H/R as the first step. Once H/R updates HCM, you must submit a Vendor Management form (VMF) to fiscal@pacga.org to make the change for expense reimbursements. Below is a guide to assist you when completing this form.

Non-State Paid Employees

Non-state paid personnel who do not currently receive ACH reimbursements from PAC must complete the Vendor Management form (VMF) including banking information along with the W9. To continue receiving reimbursements from PAC, ACH must be established. Below is guide to assist you when completing this form. Note: SAO's processing time for ACH set up can take 4-6 weeks. Therefore, your first reimbursement may be paid by check.

Steps to Complete the Vendor Management Form (VMF):

1. Please follow all directions carefully. Incomplete forms will delay set up.
2. Complete sections 2, 3 and 5 ONLY. PAC Fiscal will complete section 1 and 6.
3. Fill out section 2 completely. DL# and DL State are not required, but are helpful for verification.
4. Make sure that you are reachable at the contact information you provide (email and phone number) as the State Accounting Office may contact you.
5. On Section 3, ensure that the leading/ending zeros on the account number are included.
6. **Sign in Section 3: Either digital signature or manual signature are acceptable. Do not use cursive font or a typed name for the signature. Do not forget to sign.**
7. Section 5, check all boxes that apply ONLY IF applicable. Otherwise, leave blank.
8. **Do NOT fill out anything in Section 6. Do NOT sign in Section 6 (bottom of page 2).**
9. The Address on the form should match the address on the W9.
10. Occasionally, a check must be issued due to delays in ACH set up at the State Accounting Office. This will typically only happen for your first reimbursement from PAC. Please ensure that you have provided a valid address for receiving checks on your reimbursement form.
11. Completed forms need to be sent directly to fiscal@pacga.org. Fiscal will review and let you know if anything is missing.

****Please note, if you have completed the vendor management form previously and are already receiving ACH payments from PAC, you will not have to submit the VMF again unless the banking information changed.****

If you have questions regarding this form, please contact fiscal at fiscal@pacga.org for assistance.



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons **MUST** complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/>	Newly Assigned Supplier ID	
<input type="checkbox"/>	Existing TeamWorks Supplier ID	

SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Enter Loc#			(Required for Bank Changes)			
<input type="checkbox"/>	Change Address – Enter Addr ID#			(Required for Address Changes)			
<input type="checkbox"/>	Replace Invoicing Address	Loc#	Addr ID#	<input type="checkbox"/>	Replace Remittance Address	Loc#	Addr ID#
<input type="checkbox"/>	HCM Vendor						
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)						
<input type="checkbox"/>	Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority						
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)						

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: _____

SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO A DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: _____ EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE CELL (USED FOR IDENTITY VERIFICATION) _____ LANDLINE _____ CELL (USED FOR IDENTITY VERIFICATION) _____

CONTACT EMAIL: _____

SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY

ROUTING # ACCOUNT #

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE. _____
Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer _____ Signature of Company Officer _____ Date _____

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

<input type="checkbox"/>	Deactivate Supplier Profile <i>(Enter justification in Section 6)</i>
<input type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	Add New Bank Account (Must complete Section 3)
<input type="checkbox"/>	Change Existing Bank Account (Must complete Sections 1 & 3)
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add Additional Business Address (Must complete Section 2)
<input type="checkbox"/>	Change Existing Business Address (Must complete Sections 1 & 2)
<input type="checkbox"/>	Non- 1099 Applicable <input type="checkbox"/> 1099 Applicable <input type="checkbox"/>
<input type="checkbox"/>	1099-M Enter Code <input type="checkbox"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N Code <input type="checkbox"/> 01 <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID# <input type="checkbox"/> <i>(Enter Address ID # where to mail 1099)</i>
<input type="checkbox"/>	Other <i>(Provide Details in Section 6)</i>

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY				MINORITY BUSINESS ENTERPRISE (51% Owned):					
<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Deactivate" boxes are checked in Section 1)

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed below.

Liaison Name: _____ Agency BU#: _____
 Signature: _____ Date: _____
 Email: _____ Phone: _____