

2023 Fundamentals of Prosecutions

REIMBURSEMENT REQUEST FORM

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: *as of 5/10/23*

Breakfast	\$13.00 (unless provided at hotel)
Lunch	\$14.00 (unless provided)
Dinner	\$23.00
Lodging	\$103.00 (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	\$0.22 /mile – personal vehicle (if State vehicle is available) \$0.655/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 31, 2023 must submit a [W9 Form](#) AND a [Supplier Change Request Form](#) to set up ACH payments with the request for reimbursement. If you have not done so already, please send the signed Vendor Change Request 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 Change Request 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.

Meal Per Diem During Overnight Travel 1st and Last Day (75%)

Refer to the Statewide Travel Policy, Section 4.4, page 22

1st & Last Day Meal Per Diem (75%)				
Total Per Diem	Breakfast Provided X = \$13	Lunch Provided X = \$14	Dinner Provided X = \$23	Amount Reimbursed (\$50*.75) - X
\$ 50.00				\$ 37.50
\$ 50.00	X			\$ 24.50
\$ 50.00		X		\$ 23.50
\$ 50.00			X	\$ 14.50
\$ 50.00	X	X		\$ 10.50
\$ 50.00		X	X	\$ 0.50
\$ 50.00	X	X	X	\$ -

NOTE: The above reflects in-state rates totaling \$50.00. Out-of-state per diem allowances follow the same methodology using the [GSA rate schedule](#) as the base X. (Incidentals are not included.)

PAC Reimbursement Process & Guide

<https://pacga.org/about-pacga/departments/fiscal-services/pac-reimbursement-process/>



State-Paid & SPCR Employees must:

- Use Concur to submit reimbursement requests: TEAMWORKS Travel & Expense (CONCUR)
- In order to use Concur, a Vendor ID must be established and ACH must be established in Employee Self-Service (Teamworks) for Employee Reimbursement (NOT the same as payroll) See PAC's Set-Up Guide for instructions

County-Paid Employees must:

- Use the [PAC Reimbursement](#) form to submit reimbursement requests to fiscal@pacga.org
- Submit a [W9](#) and a [Supplier Change Request Form \(VCRF\)](#) if you have never been reimbursed by PAC or if it has been a year or more since your last reimbursement. View PAC's [County Paid Expense Reimbursement: Vendor & ACH Set Up](#) for more details.
- Regularly update PAC with name, address, and banking changes using the VCRF.
- Are *strongly encouraged* to set up ACH payments for reimbursement of expenses.

Travel is governed by PAC Travel Regulations and the Statewide Travel Policy.



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: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		2 Business name/disregarded entity name, if different from above	
		3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
		<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
		<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exemption from FATCA reporting code (if any) _____
		Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	<i>(Applies to accounts maintained outside the U.S.)</i>
		<input type="checkbox"/> Other (see instructions) ▶ _____	
		5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
		6 City, state, and ZIP code	
		7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

NEW

EXISTING

SUPPLIER ID NUMBER : *Agency Use Only*

0	0	0	0						
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SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name:

Doing Business As (dba): *if applicable*

PHYSICAL ADDRESS *DO NOT enter a P O Box*

Address 1:

Address 2:

City:

State:

Postal Code:

Contact Email:

Primary Phone #:
Landline

Ext:

Cell *Used for Identity Verification*

Secondary Phone #:
Landline

Ext:

Cell *Used for Identity Verification*

Driver's License #: *For individuals only*

DL State:

SECTION 2: BANK ACCOUNT INFORMATION

Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.

I do not wish to provide banking information and understand all payments made to me will be via check.

Replace Remittance Address at Loc # With Addr ID #

Replace Invoicing Address at Loc # With Addr ID #

Add New Bank Account Change Bank Account Enter Loc # *Agency Liaisons are required to complete items on this line for bank changes*

ROUTING # NEW ACCOUNT #

Last Four Digits of Previous Bank Account # *For changes only*

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

PAYMENT REMIT EMAIL ADDRESS:

PAYMENT REMIT EMAIL ADDRESS:

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 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS		MINORITY BUSINESS ENTERPRISE (51% ownership)	
GA Small Business*	Women Owned	Hispanic – Latino	African American
GA Resident Business**	Minority Business Certified	Native American	Asian American
Not Applicable	Prefer Not to Disclose	Pacific Islander	Not Applicable
		Prefer Not to Disclose	

*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.

****Georgia resident business** is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)

Nonveteran-owned Small Business Veteran-owned Small Business Service Disabled VOSB Prefer Not to Disclose

SECTION 4: REQUESTED CHANGE(S) – (Check ALL That Apply)

FEI/TIN Change (Cannot change if supplier is 1099 applicable)

Business Name Change

1099 Eligible Cannot change to non-eligible if supplier is already 1099 eligible

1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099

1099 – M Enter Code (Required for Form 1099 – M)

1099 – N Code 01 (01 is the only code available for the 1099 – NEC)

Reactivate Supplier Profile

Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)

Add Additional Business Address (Enter additional address in Section 1)

Change Existing Business Address

Change/Add Payment Alt Name to an existing address (if payable to a different name. DO NOT enter the DBA).

Enter Addr ID # to change: **Payment Alt Name:**

Classification Change: (Agency Liaisons are required to check one for Classification Changes.)

Attorney HCM Student Supplier Non-minority
 Gov Non-State of GA Non-Supplier Supplier Minority

Statewide Contract (DOAS Use Only)

HCM Vendor

Other (Provided details in the Comments section below)

Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

By my signature below, 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 above.

AGENCY LIAISON NAME AGENCY LIAISON SIGNATURE DATE B/U#