

# **Mobile Support Unit EMPLOYER RECORD KEEPING FORMS AND INSTRUCTIONS**

## **Introduction**

These instructions are provided to assist employers of Mobile Support Unit members activated by the Governor or the Executive Director of the Indiana Department of Homeland Security (IDHS) under IC 10-14-3-19. Employers of Mobile Support Unit members will need to keep detailed and accurate records to obtain reimbursement for the compensation the employer paid to the employee for Mobile Support Unit duties as well as all other reasonable and necessary costs incurred by the employer or the employee.

These instructions describe the forms and the information necessary to submit an invoice to IDHS to reimburse the employer (the applicant) for the compensation and expenses paid to one or more employees called to duty in a Mobile Support Unit.

Employers should retain a file copy of the information submitted to the state and keep it available for an audit for three years following the deployment of the Mobile Support Unit. Hopefully, these instructions will assist employers to obtain a prompt and complete reimbursement of those expenses and assist both the employers and the state with any state or federal audits or other financial reviews.

These forms and instructions are designed to provide both a mechanism for reimbursement and a way for each employer to have the necessary information readily available and in a uniform format acceptable to the State of Indiana, to a Requesting State under the Emergency Management Assistance Compact (EMAC) or to the Federal Emergency Management Agency (FEMA), in case FEMA reimbursement becomes available. The records for the documentation required of the employer of a Mobile Support Unit member should be assembled by employers and kept in a single file under the Mobile Support Unit Activation Number as shown on the Mobile Support Unit Activation Order.

The time it takes for employers to be reimbursed will depend upon several factors, but the clock does not begin to run until the employer provides IDHS with a fully documented request for reimbursement with all the forms and information included. A copy should be provided to the MSU commander who should be prepared to assist both the employer and IDHS with the reimbursement process. The MSU commander must examine each employer's reimbursement request, verify that the employer's request is complete, that it covers all the employees of that employer and is for the correct dates. The MSU commander then recommends payment to IDHS. The reimbursement request is then audited by the IDHS Accounts Payable Department before it is paid. The time required for the reimbursement process will be minimized if each employer is added to the State VINQ list, as an authorized vendor, prior to submitting a claim for reimbursement. In order for a new "vendor" to be paid, the Auditor of State requires the vendor to provide the ordering agency a Vendor Information Form, to add the employer to the State VINQ list as a new vendor. This process of entering a new employer into the Auditor's VINQ list may take several weeks, so it should be done at the onset of the Mobile Support Unit's formation and should not wait until the MSU has returned and the reimbursement forms are completed.

Several forms used in similar circumstances by FEMA have been adopted by IDHS to assist employers in the organizing and submitting of Mobile Support Unit documentation to IDHS. These forms can be found on the following pages. They are also posted as Excel spreadsheets on the Accounts Payable page of the IDHS website at: <http://www.in.gov/dhs/2435.htm>

The forms are:

1. **Vendor Information Form** (Exhibit 1) – Used to set up employers of MSU members and either unemployed or self-employed MSU members into the Auditor of State’s vendor system. This form is required for the state to make a payment or reimbursement of any kind.
2. **Force Account Labor Summary Record** (Exhibit 2) – Used to record personnel costs.
3. **Fringe Benefit Rate Sheet** (Exhibit 3) – Used to record benefit costs.
4. **Force Account Equipment Summary Record** (Exhibit 4) – Used to record your equipment use costs.
5. **Rented Equipment Summary Record** (Exhibit 5) – Used to record the costs of rented or leased equipment.
6. **Material Summary Record** (Exhibit 6) – Used to record the supplies and materials that are taken out of stock or purchased.
7. **Travel Voucher** (Exhibit 7) – Used by an individual (unemployed, self-employed, employed) MSU members who seek compensation for travel expenses. An unemployed MSU member or a self-employed member may submit the form directly to IDHS for reimbursement. An employed MSU member will submit this form to his or her employer upon the end of the MSU deployment. The employer will reimburse the employee for his or her travel costs. The employer will then provide both this form and proof of payment to the employee to IDHS as documentation in support of the employer’s claim for reimbursement by IDHS.

## Exhibit 1

### VENDOR INFORMATION INSTRUCTIONS

#### **THIS FORM APPLIES TO YOU, IF YOU ARE:**

- 1) A U.S. person (including a U.S. resident alien); and
- 2) A person, business, or other entity who has or will receive a payment from the state; or
- 3) A state employee who has or will receive a payment, other than payroll, from the state.

#### **PURPOSE OF FORM:**

The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor's legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

#### **INSTRUCTIONS:**

- 1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
- 2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner's name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual's SSN or the EIN of the business. However, we prefer you provide the SSN.
- 3) Check the appropriate box that indicates whether you are or are not a U.S. person.
- 4) Complete Section 1: Authorization
- 5) Have your financial institution complete Section 2: Financial Institution's Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Deposit slips will not be accepted.
- 6) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits, only if you choose to receive electronic EFT notifications by email. If this section is not completed, your notification will be sent by U.S. Mail to the remit address designated on the reverse side of this form.
- 7) Fax the completed form to (317) 234-1916 or mail to the Indiana Auditor of State, 240 Statehouse,

200 W. Washington St., Indianapolis, IN 46204.

- 8) Retain a copy of the completed form for your records.
- 9) Any form submitted without an authorized signature will be destroyed and will not be entered into the Auditor's vendor file.

**BY SIGNING THIS FORM:**

You represent that you understand and agree that:

- 1) You are authorized to provide this information on behalf of yourself or your organization.
- 2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) processes, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
- 3) If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
- 4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
- 5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
- 6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
- 7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
- 8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without promptly providing an updated email address to the Auditor.
- 9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor's email notification system and all future notices of EFT deposits to you will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
- 10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.

Reset Form



Vendor Information
State Form 53788 (12-08)
Approved by Auditor of State, 2008
Approved by State Board of Accounts, 2008

Name and telephone number of the Person who completed this document must be provided.

Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Send completed form to Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204 or fax to (317) 234-1916

Print or Type

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON YOUR TAX RETURN. DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE.)

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)

Remit Address

Purchase Order Address - Optional

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:

(SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) - - or EIN -

Check legal entity type (A box must be checked in this section. Check only one box.)

- Individual Sole Proprietorship Partnership
Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
Other [limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
Corporation Do you provide legal or medical services? Yes No
Government (or Government operated entity)
Organization Exempt from Tax under Section 501(a)

One box must be checked I am a U.S. Person (including a U.S. resident alien) I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

Add Deposit Change Deposit Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder's Name: Account Number:

Type of Account: Checking (Demand) Savings

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution:

Telephone: ( )

Address:

Number and Street, and/or P.O. Box No.

Financial Institution's Authorized Signature

City, State, and Zip Code (00000-0000)

Title

ABA Transit-Routing Number

Date

, 20

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

\_\_\_\_\_

I agree to the provisions contained on the reverse side of this form.

NAME (Print or Type) TITLE

AUTHORIZED SIGNATURE DATE PHONE

ATTACH VOIDED CHECK HERE

ATTACH VOIDED CHECK HERE

## Exhibit 2

### FORCE ACCOUNT LABOR SUMMARY RECORD INSTRUCTIONS

Force Account is the term FEMA uses to refer to the employer's own personnel and equipment. The costs of Mobile Support Units will be reimbursable by FEMA if it was activated for Public Assistance in response to a Presidential Declaration of a Major Disaster. Accordingly, IDHS has elected to use FEMA forms for all Mobile Support Unit activations. These forms will also be used by VFD members and self-employed and unemployed volunteers deployed on Mobile Support Units to seek compensation for their services to the MSU at the IDHS volunteer rate of compensation. Regardless of whether FEMA is involved, employers of Mobile Support Unit members should keep the following points in mind when submitting force account labor information to IDHS for reimbursement:

- Record regular and overtime hours separately. Attach a copy of the employer's written overtime policy. Attach a copy of the employer's payroll record for each employee for the entire pay period of the employee. Identify which days the employee was on duty for the Mobile Support Unit. The employer's payroll record must show the employees listed have been paid the amounts shown.
- Record the benefits separately for regular and overtime hours. Most overtime hours include fewer benefits than regular hours.
- Attach a Fringe Benefit Rate Sheet giving a breakdown of what is included in the employer's benefits. Fringe Benefits are reported by percentages, e.g., Social Security – 15.2%, Workman's Compensation – 4.3%, insurance – 18.5%, etc. Use an average rate if there are different benefit rates for different employees.

Complete the **Force Account Labor Summary Record** as follows:

- Heading:**
  - Applicant:** Enter the employer's name.
  - Paid:** Enter the date these wages were paid.
  - MSU #:** Enter the Mobile Support Unit Number that this record covers.
  - Disaster Number:** Enter the FEMA assigned Disaster Number (if applicable and known).
  - Location/Site:** Enter the county where the work was performed.
  - Category:** Enter the category of work being done, e.g. A, B, C, etc.
- Detail Section:**
  - Name:** Enter the names of the employees who worked on the project.
  - Job Title:** Enter the job title of each employee who worked on the project.
  - Reg:** Enter the regular hours that each employee worked on the project.
  - OT:** Enter the overtime hours that each employee worked on the project. **REMINDER: The only overtime that is eligible for reimbursement by FEMA is overtime for emergency work. Record both regular and overtime hours, so that personnel hours can be compared with equipment use hours, if necessary.**
  - Date:** Enter the days date in the space at the top of each column.
  - Hours Worked:** Enter the hours worked by each employee, regular hours and overtime hours, in the blocks below the date worked.
  - Total Hours:** Add up the regular hours and enter the total. Add up the overtime hours and enter.
  - Hourly Rate:** Enter the regular hourly rate for each employee and enter the overtime rate for each employee.

For self-employed/unemployed volunteers: Enter the state hourly rate for volunteers X the # of hours worked. Compensation may be claimed for the hours worked, not free time or rest

periods. Do not claim compensation for more than 12 hours per 24 hour day, regardless of the hours worked.

- **Benefit Rate:** Enter the appropriate benefit rate from the Totals line on the Fringe Benefit Rate Sheet.
- **Total Hourly Wages:** Multiply the Hourly Rate by the Benefit Rate to get an hourly benefit rate. Add the hourly rate to the hourly benefit rate and enter that total.
- **Total Costs:** Multiply the Total Hours by the Total Hourly Wage and enter that total.
- **Totals Section:**
  - **Total Force Account Labor – Regular Time:** Add up the Regular time Total Costs and enter.
  - **Total Force Account Labor – Over Time:** Add up the Overtime Total Costs and enter.
  - **Total Force Account Labor:** Add the Regular time total to the Overtime total and enter.

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## Exhibit 3

### FRINGE BENEFIT RATE SHEET INSTRUCTIONS

#### Fringe Benefit Calculations:

Fringe benefits for force account labor are eligible for reimbursement. Fringe benefits for overtime will be significantly less than for regular time, except for extremely unusual cases. The following steps will assist in calculating the percentage for fringe benefits paid on an employee's salary. Note that items and percentages will vary from one entity to another.

1. The normal year consists of 2080 hours (52 weeks X 5 workdays/week X 8 hours/day). This does not include holidays and vacations.
2. Determine the employee's basic hourly pay rate (annual salary / 2080 hours).
3. Fringe benefit percentage for vacation time: Divide the number of hours of annual vacation time provided to the employee by 2080 e.g. (80 hours (2 weeks) / 2080 = 3.85%).
4. Fringe benefit percentage for paid holidays: Divide the number of paid holiday hours by 2080 e.g. (64 hours (8 holidays) / 2080 = 3.07%).
5. Retirement Pay: Because this measure varies widely, use only the percentage of salary matched by the employer.
6. Social Security and Unemployment Insurance: Both are standard percentages of salary.
7. Insurance: This benefit varies by employer. Divide the amount paid annually by the jurisdiction by the basic pay rate determined in Step 2. Then divide the result by 100 to determine the correct percentage rate.
8. Workman's Compensation: This benefit also varies by employee. Divide the amount paid annually by the jurisdiction by the basic pay ray determined in Step 2. Then divide the result by 100 to determine the correct percentage rate.

Note: Typically, the same rate should not be charged for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however, some entities may charge retirement tax on all income.

#### Sample Rates:

Although some rates may differ greatly between jurisdictions due to their particular experiences, the table below provides some general guidelines that can be used as a reasonableness test to review submitted claims. These rates are based on experience in developing fringe benefit rates for several state departments, the default rate used for the State of Florida, following Hurricane Andrew (August 1992), and the review of several FEMA claims. The rates are determined using the gross wage method applicable to the personnel hourly rate (PHR) method. The net available hours method would result in higher rates.

#### Paid Fringe Benefits:

FICA (Social Security Matching)	7.65%	(or slightly less)
Retirement – Regular	17.00%	(or less)
Retirement – Special Risk	25.00%	(or slightly less)
Health Insurance	12.00%	(or less)
Life & Disability Insurance	1.00%	(or less)
Worker's Compensation	3.00%	(or less)
Unemployment Insurance	0.25%	(or less)

**Leave Fringe Benefits:**

Accrued Annual Leave	7.00%	(or less)
Sick Leave	4.00%	(or less)
Administrative Leave	0.50%	(or less)
Holiday Leave	4.00%	(or less)
Compensatory Leave	2.00%	(or less)

Rates outside of these ranges are possible, but should be justified during the validation process.

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Jurisdiction		FRINGE BENEFIT RATE SHEET		Page	of
Applicant		Paid	PW#	Disaster Number	
Location/Site		Category		Period covering to	
Description of work performed					
	Regular Employees		Part-Time Employees		
	Regular Time %	Overtime %	Regular Time %	Overtime %	
Vacation					
Holiday Pay					
Insurance					
Retirement					
Unemployment					
Social Security					
Workman's Comp.					
Other					
Other					
Other					
<b>TOTALS</b>					
I certify that the above information was obtained from payroll records, invoices, or other documents that are available for audit.					
Certified			Title		Date

## Exhibit 4

### FORCE ACCOUNT EQUIPMENT SUMMARY RECORD INSTRUCTIONS

If the Employer provided equipment which was taken to the Mobile Support Unit Activation and used in the Mobile Support Unit activation, the employer must complete a Force Account Equipment Summary Record in order to be reimbursed, as follows:

- Heading**
  - Applicant:** Enter the employer's name.
  - Paid:** Enter the date these charges were paid.
  - MSU #:** Enter the Mobile Support Unit Number that this record covers.
  - Disaster Number:** Enter the assigned Disaster Number (if known).
  - Location/Site:** Enter the location or site where the work was performed.
  - Category:** Enter the category of work being done, e.g. A, B, C, etc.
- Detail Section:**
  - Type of Equipment:** Enter the name of the equipment used including the size, capacity, horsepower, make and model.
  - Equip Code #:** Enter the FEMA Cost Code for the equipment, if known.
  - Operator's Name:** Enter the name of the equipment operator.
  - Date:** Enter the day's date in the space at the top of each column.
  - Hours Used:** Enter the hours used for each piece of equipment in the blocks below the date. Idle and standby hours cannot be included.
  - Total Hours:** Add up the Hours Used for the week and enter.
  - Equipment Rate:** Enter the cost per hour to use the equipment.
  - Total Cost:** Multiply the Total Hours by the Equipment Rate and enter the result.
- Totals Section:**
  - Total Hours:** Add the Total Hours column and enter.
  - Total Cost:** Add the Total Cost column and enter.



## Exhibit 5

### RENTED EQUIPMENT RECORD SUMMARY

If the Employer rented equipment for use in the Mobile Support Unit's activation, the employer must complete a Force Account Equipment Summary Record in order to be reimbursed:

Complete the Rented Equipment Summary Record as follows:

**Heading**

- Applicant:** Enter the employer's name.
- Paid:** Enter the date these charges were paid.
- MSU #:** Enter the Mobile Support Unit Number that this record covers.
- Disaster Number:** Enter the assigned Disaster Number (if known).
- Location/Site:** Enter the location or site where the work was performed for this Project

Worksheet.

- Category:** Enter the category of work being done, e.g. A, B, C, etc.

**Detail Section:**

- Type of Equipment:** Enter the name of the equipment used including the size, capacity, horsepower, make and model.
- Dates and Hours Used:** Enter the date used on the upper block and the hours used in the lower block.
- W/Opr:** Enter the rate charged per hour when the rental company provides the operator.
- W/O Opr:** Enter the rate charged per hour when the rental company does not provide the operator.
- Total Cost:** Multiply the Hours used by the appropriate Rate per Hour and enter.
- Vendor:** Enter the name of the rental company.
- Invoice No:** Enter the rental Company's invoice number.
- Date and Amount Paid:** Enter the Date Paid in the upper block and the Amount Paid in the lower block.
- Check No:** Enter the number of the check used to pay the vendor.

**Total Section**

- Grand Total:** Add the Amounts Paid in the Date and Amount Pd column and enter.

Attach copies of invoices and proof of payment



## Exhibit 6

### MATERIALS SUMMARY RECORD

If the Employer or self-employed/unemployed individual purchased supplies or materials which were expended during the Mobile Support Unit's activation, the employer or self employed/unemployed individual must complete a Materials Summary Record in order to be reimbursed:

**Heading**

- Applicant:** Enter the jurisdiction's name.
- Paid:** Enter the date these charges were paid.
- MSU #:** Enter the Mobile Support Unit Number that this record covers.
- Disaster Number:** Enter the assigned Disaster Number (if known).
- Location/Site:** Enter the location or site where the work was performed for this Project

Worksheet.

- Category:** Enter the category of work being done, e.g. A, B, C, etc.

**Detail Section:**

- Vendors:** Enter the name of the vendor supplying the materials.
- Description:** Enter a description of the materials used.
- Quantity:** Enter the quantity used.
- Unit Price:** Enter the price per unit.
- Date Purchased:** Enter the date purchased for use or replacement of stock.
- Date Used:** Enter the date the materials were used on this project.
- Info From:** Check whether the information on this record came from a vendor's invoice or from stock records.

**Total Section:**

- Add up the Total Price column and enter.

Attach copies of invoices and proof of payment.



**Exhibit 7**

**TRAVEL VOUCHER**

Date: Current Date

MSU Activation Number: Enter the assigned MSU Activation number. That number is found on the Activation Order signed by the IDHS Executive Director and provided to the MSU Commander.

Employee's Name: Enter your name.

Employee's Address: Enter your home address.

Employer's Name: Enter your employer's name if applicable.

Federal ID Number: Enter your company's federal ID number if applicable.

Date: In this column, enter each day you were deployed as a member of a MSU.

Travel Between Points: For each day, enter the locations of your departure and destination points.

Hour of Departure/Arrival: Enter the times you left your departure point and arrived at your destination.

Subsistence: Enter the cost of lodging each night. Cost of meals should be entered under Other Expense.

Travel Expenses: Use these columns to enter other expenses incurred along with your mileage if driving a personal vehicle.

Totals line: Add up all applicable to totals and note them in appropriate boxes.

Signature of Employee: Sign your name and date here.

Signature of Employer: Have your employer sign if applicable.

## Guidelines

1. To claim Per Diem, departure and arrival times must be noted on the Travel Voucher.
2. Proof of lodging must be provided, even when supplied free of charge or direct billed to IDHS.
3. When sharing hotel rooms, individuals should ask the hotel to split the bill and provide a receipt with the individual's name on it.
4. All hotel receipts must be marked paid, such as credit card, cash, check, have a zero balance or state "direct bill".
5. Claims for travel costs must be supported with copies of paid receipts for airfare, ground transportation, parking, mileage for personal vehicles, lodging, and incidental expenses allowed by the agency employer.
6. Meals do not require receipts.
7. Per Diem for meals or lodging cannot be reimbursed for those expenses or nights of lodging which were provided free of charge to MSU members.
8. When requesting mileage reimbursement, the individual must include address to address information or attach a Map Quest or Rand McNally print-out.
9. Mileage should be the shortest distance from Station or Home, whichever is shorter, unless a person is required to come to Station first.

Current In-state Rates: (These rates are changed annually)

### Per Diem: One Day Out (In-state)

Leave before 6:00 AM and return after 6:00 PM (out for at least 12 hours): \$19.50

Leave before 6:00 AM and return before 6:00 PM (out for at least 12 hours): \$6.50

Out after 6:00 AM and out for at least 12 hours: \$13.00

### Per Diem: Overnight (In-state)

Before 12:00 PM departure: \$26.00

12:00 PM – 4:30 PM departure: \$13.00

After 4:30 PM departure: \$0.00

Before 12:00 PM return: \$13.00

After 12:00 PM return: \$26.00

Breakfast: \$6.50

Lunch: 6:50

Dinner: \$13.00

### In-state Hotel Rates

Within Marion County: maximum of \$97.00 per night + tax

Outside Marion County: maximum of \$89.00 per night + tax

Mileage Rate: \$0.44 per mile

Airport Parking: maximum of \$9.00 per day

