



North Valley Animal Disaster Group Standard Operating Guidelines

Title: Mileage Reimbursement

Objective: To provide a clear path for volunteers to get reimbursed for mileage during an incident by Butte County.

Description: Per Butte County MOU, there is a possibility of Volunteers receiving mileage reimbursement on certain incidents. Refer to the current MOU for additional information. Three forms must be given to Butte County within 30 days of the official demobilization of an incident: Sign-in sheet, ICS 214 Activity Log, Butte County Mileage Reimbursement Form.

- All documentation created during an incident, belongs to Butte County.
- All documentation is a legal document and may be requested through the Public Records Act.
- It is the responsibility of the individual volunteer to maintain all copies of necessary documentation. It is advisable to keep personal copies of all records. During disasters, there is always the possibility of paperwork getting displaced.
 - Photocopying, or photographing forms is strongly suggested.
- The following documents must be submitted in one single bundle.
 - Sign-in sheet
 - ICS 214 Activity Log
 - Butte County Mileage Reimbursement Form
- Volunteers will submit the bundle to their Lead, who will check it for accuracy and completion.
- Leads will submit the bundles to the Executive Director, who will check for accuracy and completion.
- After 30 days, the Executive Director will submit the final package of bundles to BCPH.

Related Documents Attached:

- Sign-in sheet
- ICS 214 Activity Log
- Butte County Mileage Reimbursement Form

County of Butte Mileage Claim Form

OROVILLE, CALIFORNIA
GENERAL CLAIM



Incident Name/Location: _____
 NVADG Volunteer: _____
 Address: _____
 City & State: _____
 Date of Claim: _____

Date	Destination, Beginning and Ending Mileage	Total Mileage
Grand Total		

I, the undersigned, declare under penalty of perjury that the services or article claimed have been performed or delivered, and that this claim is true and correct as stated.

Dated this _____ of _____ at _____ California _____
Signature of NVADG Volunteer

I, the undersigned, hereby certify that, to the best of my knowledge, the services or articles specified above have been performed or delivered and that there is a Budget Appropriation or Specific Board Approval (Check one) for the same.

Dated this _____ day of _____ at Oroville California _____
Department Head or Authorized Deputy

Dept. Code _____ Exp. Code _____ PAYABLE FROM _____ FUND _____

DO NOT WRITE BELOW THIS LINE – AUDITOR’S USE ONLY

DEPT. & SUB	PROJ.	SUB. OBJ.	CLAIM NO.	INV. NO.	INV. DATE	ENCUMB.	GROSS AMOUNT