FALLS COUNTY
EMERGENCY SERVICES DISTRICT NO. 1
TRAVEL AND EXPENSE REIMBURSEMENT POLICY

Board of Emergency Services Commissioners

PURPOSE AND SCOPE

Falls County Emergency Services District No. 1 (the "District") may reimburse Commissioners, employees, and other persons authorized by the District for reasonable and necessary expenses incurred while conducting official District business, including approved meetings, conferences, training programs, inspections, and other District-related activities. Contractors are eligible for reimbursement under this policy only to the extent their written agreement with the District provides for reimbursement of expenses.

1. MILEAGE

Use of a personally owned vehicle for authorized District business shall be reimbursed at the automobile mileage reimbursement rate established by the Texas Comptroller of Public Accounts for state travel, in effect on the date the travel occurs.

Mileage reimbursement requests shall include the date of travel, District-related purpose, origin and destination, and total business miles traveled. Fuel expenses for a personally owned vehicle are not separately reimbursable when mileage reimbursement is paid.

2. LODGING

Reasonable lodging expenses incurred for authorized overnight District travel may be reimbursed up to the applicable U.S. General Services Administration (GSA) federal per-diem lodging rate for the travel destination. Applicable lodging taxes may be reimbursed in addition to the GSA rate.

If the applicable conference or training event designates an official conference hotel, or circumstances make lodging within the GSA rate impractical, the actual reasonable lodging expense may be reimbursed when appropriately documented and approved.

3. MEALS AND INCIDENTAL EXPENSES

For authorized overnight District travel, meals and incidental expenses shall be reimbursed at the applicable GSA Meals and Incidental Expenses (M&IE) per-diem rate for the travel destination. On the first and last day of travel, the per-diem amount shall be 75 percent of the full daily rate, consistent with GSA guidance.

For authorized travel that does not require an overnight stay, actual meal expenses may be reimbursed up to the non-overnight meal rate established by the Texas Comptroller of Public Accounts for state travel, upon submission of receipts.

When a meal is included in conference registration or lodging, or is otherwise provided at no additional cost, the per-diem amount shall be reduced by the GSA allocation for that meal, and the meal shall not also be reimbursed by the District.

4. OTHER TRAVEL EXPENSES

Reasonable and necessary expenses for airfare, registration fees, parking, tolls, ground transportation, rental vehicles and fuel for rental vehicles, and similar travel-related expenses may be reimbursed when incurred for official District business.

Alcoholic beverages, personal entertainment, traffic or parking citations, upgrades for personal convenience, and other personal expenses are not reimbursable.

5. DOCUMENTATION

Travel reimbursement requests shall identify the public purpose of the expenditure and include appropriate supporting documentation.

Receipts shall be provided for lodging, airfare, registration fees, rental vehicles, parking, non-overnight meals, and other actual expenses when reasonably available. Receipts are not required for mileage or for meals and incidental expenses paid at the GSA per-diem rate.

6. DUPLICATE REIMBURSEMENT

No person may receive reimbursement from the District for an expense that has already been paid or reimbursed by another organization or entity.

7. APPROVAL

Travel and reimbursement requests shall be reviewed and approved in accordance with the District's normal financial approval procedures.

No person shall approve his or her own reimbursement request. A Commissioner shall abstain from any Board vote on the approval of his or her own reimbursement.

8. COMMISSIONER EXPENSES

Commissioner travel and expense reimbursement shall comply with applicable Texas law, including Texas Health and Safety Code § 775.038 and Texas Water Code § 49.060, and shall be treated separately from any authorized commissioner fees of office.

As required by Texas Water Code § 49.060(c), a Commissioner seeking reimbursement of expenses shall file with the District a verified statement showing the number of days actually spent in the service of the District and a general description of the duties performed for each day of service.

9. EXCEPTIONS

Any material exception to this policy shall require approval of the Board of Emergency Services Commissioners.

ADOPTION

Adopted by the Board of Emergency Services Commissioners of Falls County Emergency Services District No. 1 on the 15 day of OCTOBER, 2026.

_____

President, Board of Emergency Services Commissioners

ATTEST:

_____

Secretary, Board of Emergency Services Commissioners

FALLS COUNTY EMERGENCY SERVICES DISTRICT NO. 1

COMMISSIONER VERIFIED STATEMENT AND EXPENSE REIMBURSEMENT REQUEST

Tex. Water Code § 49.060(c); Tex. Health & Safety Code § 775.038(a-1); District Travel and Expense Reimbursement Policy

Commissioner: _____

STATEMENT OF SERVICE

Date	General Description of Duties Performed	Days
	Total days in service of the District	

MILEAGE

Date	Origin	Destination	RT Miles	Rate	Amount
				Total	**$**

RT = round trip. Use the Texas Comptroller of Public Accounts automobile mileage rate for state travel in effect on the date of travel.

OTHER EXPENSES

Date	Description (lodging, meals, registration, parking, etc.)	Receipt (Y/N)	Amount
		Total	**$**

Total reimbursement requested: $_____

CERTIFICATION

I certify that the days and duties stated above were actually spent in the service of Falls County Emergency Services District No. 1; that the expenses claimed were reasonably and necessarily incurred while engaging in activities on behalf of the District; and that no part of these expenses has been paid or reimbursed by any other organization or entity.

UNSWORN DECLARATION

My name is _____ (First, Middle, Last), my date of birth is _____, and my address is _____ (Street), _____ (City), _____ (State), _____ (Zip Code), and _____ (Country). I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____ (Month), _____ (Year).

_____

Signature of Declarant

FOR DISTRICT USE ONLY

Board approval date: _____ Agenda Item No.: _____

Amount approved: $_____ Check / payment no.: _____ Date paid: _____