

To: OOC 410 and Offsite Staff

From: Janet Andrews

Date: February 5, 2024

RE: NEW MILEAGE RATE & Mileage Reimbursement Guidelines

EFFECTIVE ON OR AFTER JANUARY 30, 2024 - Mileage Rate Increase to .67 cents per mile

All mileage reimbursement submissions should be sent to the OOC Business Office Unit using the attached form, CO-17XP-PR, which include formulas for calculating the correct mileage reimbursement amount is mandatory. The mileage reimbursement will not be processed if the proper forms are not used. The following guidelines should be followed when submitting mileage, license or other types of reimbursements. All reimbursement forms with signatures and supervisory approvals should be submitted to the Business Office email at: MHA-OOC-Business-Office-email@ct.gov, to the attention of Jennifer Cole.

1. Please be sure to completely fill in your name and home address and official duty station address. Mileage reimbursement requests will not be processed without both addresses. Also include your employee number - (located on upper right top corner of the form).

2. Please use email only.

- Employee payroll reimbursement request forms and supporting documentation can be scanned and submitted via email.
- Email "Subject" line should include your full name and a description (e.g. Mileage, License, Permits, etc.) and the date.
- Current Vehicle Insurance Declaration page must be included for mileage reimbursement requests.
- Once reviewed and approved by the unit supervisor, the reimbursement form and all attachments should be submitted to the Business Office email at: MHA-OOC-Business-Office-email@ct.gov.
- Please allow for at least two pay periods for the request to be processed before checking status.

3. All mileage will be reimbursed at the reimbursement rate which exists for the time period in which travel took place. NO ROUNDED UP MILEAGE amounts. Enter the exact amount that's calculated.

4. You must utilize only the attached excel form. All required information must be provided to include all locations traveled to. Be sure to enter your correct normal commute miles as applicable. Using the attached forms will make it clear that the mileage amount was computed correctly by backing out your normal commute miles.

5. Please use name of town, not facility abbreviations, for all locations.

6. OOC Business Services Unit will accept mileage amounts from start to end point from Map Quest, Rand McNally or the Standard State Mileage Chart. If you do not use the state mileage chart, a copy of the document (Map Quest or Rand McNally) that supports the mileage amounts being requested must be attached. Reimbursement requests without this information will not be processed.

7. Prepare and submit in a timely fashion, at least monthly (i.e. not weekly, not every six (6) months or not all at once at the end of the year). Requests will only be honored within the current fiscal year or up to three months after the end of fiscal year.

8. Please email scanned original signed and approved form(s), attachments, as well as any additional supporting documentation (i.e., receipts, proof of payment(s), current insurance declaration form, etc.) to the business office email box at: MHA-OOC-Business-Office-email@ct.gov.

Thank you.

cc: Jennifer Cole, OOC, Business Office
Janet Andrews, OOC, Chief Fiscal/Admin Svcs 1
Cheryl Arora, OOC, Chief of Fiscal