



**pennsylvania**

STATE EMPLOYEE COMBINED APPEAL

## **State Employee Combined Appeal**

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### **Manager Expense Reimbursement Guide**

*Revised February 2018*

SECA managers play a critical role in the annual SECA campaign. As the SECA contact at a local United Way, the SECA manager campaigns among commonwealth employees in their service area to educate about the campaign and to encourage donations.

As they campaign, SECA managers will incur associated expenses, such as mileage, parking, and time spent on campaign activities. Eligible expenses can be reimbursed by the SECA campaign.

This guide provides instruction on the expense reimbursement process. Umbrellas are strongly encouraged to follow the instructions in this guide to ensure prompt reimbursement.

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## General Information

- Expenses incurred from June through and including December are eligible for consideration of reimbursement.
- The expense reimbursement forms, as well as this guide, can be found at [www.seca.pa.gov](http://www.seca.pa.gov).
- Eligible expenses are: ground transportation (including mileage, parking and tolls), personnel costs, postage, utilities
- Ineligible expenses are: hotel accommodations (unless pre-approved by SECA), subsistence
- Any other expenses incurred on behalf of the SECA campaign must be pre-approved by SECA prior to being incurred.
- If you incur an expense but do not wish to be reimbursed for it, it is not necessary to include it on expense reimbursement forms.
- Umbrellas should compensate loaned labor leaders for transportation costs (e.g. mileage, parking, and tolls) using their regular internal reimbursement procedure. The umbrella may then request reimbursement from SECA for these costs.
- Reimbursement of time and benefits is based on an employee's percentage of hours worked on SECA. For example, if an employee spent 20% of their total hours on SECA in a given month, then 20% of their time and benefits costs will be reimbursed.
- Reimbursement of utilities is based on overall staff hours spent on SECA. For example, if your staff spent 15% of its overall hours on SECA, then 15% of your utilities costs will be reimbursed.
- Incomplete or incorrect submissions will be delayed or returned for more information.
- Submit expense reimbursement requests on a monthly basis.
- Retain itemized receipts for expenses.
- Upon approval by the Office of the Budget, expenses will be reimbursed via ACH deposit to your organization's bank account. This will be a separate deposit from your regular monthly donation deposit.
- For audit purposes, SECA managers are responsible for retaining all forms and supporting documentation for three years after the travel/expense date.
- Contact SECA with questions at 717.705.5695 or [RA-SECA@pa.gov](mailto:RA-SECA@pa.gov).

## Form I: SECA Time Log

### Helpful Hints

- The time log is a worksheet that is used to record time spent on SECA in a given month.
- Complete a time log form for each employee working on SECA (time logs are not necessary for loaned labor leaders).
- The time log is the only form that will be accepted for time reimbursement purposes. Internal forms and reports will not be accepted.

To complete the SECA time log form:

1. At the top, enter the employee's name and the month of the record.
2. In the appropriate activity column, enter the number of hours spent on a given date. For any hours in the "other" column, describe the activities at the bottom of the form (specify the date for which you are describing).

<b>SECA TIME LOG</b>							
(Complete one form for each employee doing SECA work.)							
Employee Name:				Month/Year:			
Time Spent on SECA Activities (use 1/2 hour increments)							
Day	Site Visit	Site Visit Prep	Phone Call	Meeting	Emails	Other*	Total
<i>Example</i>	2.0	1.5		0.5			4.0
1st							0.0
2nd							0.0
3rd							0.0
4th							0.0
5th							0.0
6th							0.0
7th							0.0
8th							0.0
9th							0.0
10th							0.0
11th							0.0
12th							0.0
13th							0.0
14th							0.0
15th							0.0

3. The form will automatically tally totals at the bottom.
4. This process should be repeated for each employee doing SECA work in the given month.

## Form II: SECA General Expense Form

### Helpful Hints

- The general expense form a worksheet that tracks personnel, operational, and travel expenses. Totals from the previously completed "time log" will be entered in Section A of this form.
- Confidential information on any documents may be redacted.
- Mileage will be reimbursed in accordance with the rate established through Management Directive 230.10, "Commonwealth Travel Policy" and Manual 230.1, "Commonwealth Travel Policy Manual."
- For pay statements that do not include sufficient information to verify an hourly wage, including for salaried employees, a 40-hour work week will be assumed.
- Amounts on backup documentation, such as pay statements, utility bills, etc., must match amounts entered on this form.
- All employees must be entered on this form, regardless of if they worked on SECA. This allows SECA to determine a "percentage of overall hours worked on SECA."

To complete the SECA general expense form for each month:

1. Complete the upper right section. The "invoice number" is your organization's 4-digit designation code, followed by the 2-digit month and 4-digit year for which you are seeking reimbursement; this number will change with each monthly invoice that you submit. The "location code" will always be 81SECA, and the "invoice date" should be the date you are submitting the form.

Invoice Number	4808092017
Invoice Date	
Month/Year of Expenses	
SAP Vendor Number	
Location Code	81SECA

4-digit designation code  
2-digit month  
4-digit year

2. Complete the contact information at the top of the form.
3. In section A, enter all employee names in the "name" column, regardless of if they did SECA work. This allows the commonwealth to calculate the percentage of hours spent on SECA, and in turn the percentage of benefits and operational expenses to reimburse.
4. For employees who worked on SECA in the given month, complete all columns. *SECA hours should match hours on the time log form.*
5. For all other employees, complete only the "monthly hours" column. No additional documentation is needed for these employees.

Name	Gross Monthly Salary	Monthly Benefits Value	Monthly Hours	SECA Hours
Jane Doe	\$2,800.00	\$1,400.00	160	35
John Smith	\$3,250.00	\$1,400.00	160	30
Bob Jones	DON'T NEED	DON'T NEED	160	0
Suzy Johnson	DON'T NEED	DON'T NEED	80	0

ALTERNATIVE OPTION: As an alternative, you may submit a roster of all employees that indicates their monthly hours. The commonwealth will keep this roster on file, requiring you to only complete section A for employees who have done work on SECA each time you submit for reimbursement. Please provide updates to your roster when staff changes occur.

6. Attach pay statements only for employees who worked on SECA. For pay statements that do not include sufficient information to verify an hourly wage, including for salaried employees, a 40-hour work week will be assumed.
7. Attach documentation of benefits costs (if not already shown clearly on pay statements) only for employees who worked on SECA. Acceptable documentation includes an invoice from the applicable benefit provider substantiating the cost of benefits, proof of payment, canceled check (showing back and front of check), or bank statement showing an electronic withdrawal or receipt from the vendor; if this is not provided, reimbursement cannot be processed. Account ledgers are not acceptable forms of proof of payment.
8. In section B, complete the "month" and "amount paid" columns for all operational expenses, including SECA-related parking and tolls, for which you would like reimbursement. Expenses for which backup documentation is not provided cannot be processed.
9. Attach copies of itemized bills AND proof of payment for each utility for which you are requesting reimbursement. For rent or mortgages, copies of lease agreement or payment to landlord/bank are required. For postage costs, include a copy of receipt from post office. Proof of payment includes canceled check (showing back and front of check), bank statement showing an electronic withdrawal, or receipt from the vendor; if this is not provided, reimbursement cannot be processed. Account ledgers are not acceptable forms of proof of payment.
10. In section C, enter information for SECA-related travel in the given month. Be sure to specify the traveler name, specific street addresses, and reason for travel. Round trips should be recorded as two separate entries.

<b>SECTION C: TRAVEL EXPENSES (for this month)</b> Use additional sheet if necessary. Attach legible receipts for all requested travel reimbursements.					
<b>Travel Date</b>	<b>Name of Traveler</b>	<b>Starting Street Address</b>	<b>Ending Street Address</b>	<b>Total Miles</b>	<b>Reason for Travel</b>
9/10/17	Jane Doe	123 Main St., Anytown PA 17777	4 Broad St., Anyville PA 17222	15	Presentation
9/10/17	Jane Doe	4 Broad St., Anyville PA 17222	123 Main St., Anytown PA 17777	15	Presentation

11. Complete the signature area at the bottom. The form should be signed by the person preparing the invoice and the organization's executive director or CEO. If person preparing report is the executive director/CEO, then the second signature should be the executive director/CEO's supervisor.

## **Submitting Completed Forms**

Send time log, travel expense form, general expense form, and all required supporting documentation to RA-OB-OAS\_PAYMENT@pa.gov. The subject line of the email should include the organization name and invoice number.