



**Department of
Education**

Joel I. Klein, *Chancellor*


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Nutrition and Transportation

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OFFICE OF SCHOOL SUPPORT SERVICES MEMORANDUM FS11-2011

TO: ALL SCHOOL FOOD SERVICE MANAGERS

FROM: Lawrence H. Weintraub 

SUBJECT: Authorization to Use a Personal Automobile

DATE: September 7, 2010

To facilitate our professional food service personnel spending as much time as possible in their assigned cafeterias encouraging the children to participate in the breakfast and lunch programs and ensuring that they are served the highest quality meals, the Chief Executive of the Office of Student Support Services is reissuing the Division's policy regarding employees who may be authorized to use their personal automobiles to include School Food Service Managers. If a School Food Service Manager's duties include more than one school's food service operation and travel by means of a personal car reduces travel time allowing the Manager to be in the assigned cafeterias more of the day, authorization to use a personal car and receive reimbursement may be requested.

School Food Service Managers whose assignments warrant using their personal automobiles should submit the following documents to the Regional Director (Administrative School Food Service Manager) through the District Supervisor (Associate School Food Service Manager):

- **"Authorization for Reimbursement to Use a Personal Automobile" (Exhibit A).**
- **"Agreement for Responsibility in Connection with Use of Privately Owned Cars by NYC Department of Education Employees" (Exhibit B).**
- **Copy of valid driver's license.**

The Regional Director will review each request based upon the Manager's assignment and return a copy of the "Authorization" form (**Exhibit A**) with the Director's decision to

the School Food Service Manager through the District Supervisor. The Regional Director's office will retain on file the original request and all documents.

It is the School Food Service Manager's responsibility to keep all information furnished current and accurate and to be familiar with and conform to all regulations of the Department of Education and the City of New York regarding the use of a personal automobile.

School Food Service Managers authorized to use their personal automobiles should submit an expense report for reimbursement each calendar month to the District Supervisor for review and approval. The "[Local Travel/Authorization for Imprest Fund Expenditure - Carfare](#)" form, is used for this purpose. Travelling between assignments will be reimbursed at the greater rate of \$.28 per mile or \$8.40 per day. Public transportation expenses can be submitted for reimbursement on the same expense report along with personal automobile expenses. The instructions (**Exhibit C**) and a copy of the reimbursement form link, [Local Travel/Authorization for Imprest Fund Expenditure - Carfare](#) are attached for your edification. As specified in the instructions, only the **Employee Reference Number** is entered, not the social security number.

Travel to and from home is not reimbursed. Parking and toll expenses are usually not necessary for School Food Service Managers to complete their assignments, and, therefore, will not be reimbursed unless the expense is unavoidable. Traffic and parking rules must be observed. Tickets are the responsibility of the employee and will not be reimbursed. Accumulated violations and offenses as listed in the "City of New York Regulations for City Drivers" (**Exhibit D**), or a suspension or revocation of driver's license is an automatic revocation without further notice of authorization to use a personal automobile on an Office of SchoolFood assignment.

Thank you.

Attachments

c: Regional Directors
Associate School Food Service Managers



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EXHIBIT A

AUTHORIZATION TO USE A PERSONAL CAR

I, _____ (full name), request permission to use my personal car for official Board of Education business. The reason(s) for my request is based on the following:

(Please use reverse side of this form if additional space is required)

I will maintain a daily log indicating the mileage and points of departure and destination.

Signature: _____ Date: _____

Title: _____

Business Telephone: _____ Business Fax: _____

Business Address: _____

The above request is approved:

Printed Name of Approving Officer

Signature of Approving Officer

Title of Approving Officer

Bureau/Department/Office

Revised: June 2007



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EXHIBIT B

AGREEMENT FOR RESPONSIBILITY IN CONNECTION WITH USE OF
PRIVATELY OWNED CARS BY BOARD OF EDUCATION EMPLOYEES

TO THE BOARD OF EDUCATION OF THE CITY OF NEW YORK

In consideration of the extension to me of the benefits provided for employees using their own automobiles for school business, as set forth in a resolution adopted by the Board of Education on December 22, 1949, I the undersigned, do hereby covenant and agree that I will not hold the Board of Education responsible in the event that my automobile should be stolen or damaged, even though it is being used on business of the Board of Education at the time that such loss should be sustained.

DATE

SIGNATURE

TITLE

BUREAU

OFFICE OF SCHOOL SUPPORT SERVICES

Instructions for Preparing

“Local Travel/Authorization for Imprest Fund
Expenditure-Carfare” (Form #25-2700.02.3 (Rev. 4/97))

- Note: - Monthly Reimbursement Claims for Carfare, Mileage, Tolls and Parking only.
- Claims for other authorized miscellaneous out-of-pocket expenditures (Ex. Certified mail, locks, etc.) must be submitted on Form OD 7 stapled to an “Authorization for Imprest Fund Expenditure” form.
- 1 - Invoice Amount - Enter the total amount of your expenditure here. Right-justify the cents.
 - 2 - # of Lines - Enter the number “1”.
 - 3 - Fiscal Year - Enter the two digits representing the fiscal year in which the expenditure was made (Ex. July 1, 2010 through June 30, 2011 = “11”).
 - 4 - Vendor #/Employee Reference Number - Enter your **Employee Reference Number**. Your 7-digit Employee Reference Number is indicated on your paycheck. Do **not** enter your Social Security Number.
 - 5 - 1099 - Leave Blank.
 - 6 - Vendor Name (Payee) - Enter your name, first name first.
 - 7 - Mailing Address - Enter the home address to which your check is to be mailed.
 - 8 - Invoice Remarks - Enter comments which will help you associate the reimbursement claim with the check mailed to you. (Ex. Carfare for December, 2010).
 - 9 - Invoice Date - Enter the month, day and year of the date you are submitting the expenses.
 - 10 - Charge to District - Enter the number “58” (for both OSFNS and OPT).
 - 11 - SFX (Account Code) - Enter Line 1 only as shown:

<u>SFX</u>	<u>Quick Code</u>	<u>Location</u>	<u>Object</u>	<u>Amount</u>
1	001229	D790	451	\$\$\$\$\$.¢¢
2	Leave Blank			
3	Leave Blank			
 - 12 - Middle Section - Includes: Date, Departure Point, Destination, Travel Mode,

Tolls/Fares/Parking and Trip Total.

- Give the details of all trips. Enter one carfare or one trip per line and indicate the Travel Mode using the codes which appear in the legend. The Private Vehicle (“D”) mileage allowance is \$0.28 per mile or \$8.40 per day whichever is greater. More than one mode of transportation can be included in your claim.
- If there are sufficient lines staple additional forms with identifying information, filled in and Sub-totals (rather than Grand Totals) carried forward to the Grand Total page on top. The sum of all your trips is to be entered in the Grand Total box.
- Attach all receipts for tolls and parking:

Note: o Tolls should be avoided whenever possible. Parking will not be reimbursed at a daily work assignment location or where otherwise avoidable. Commuting to and from home is not reimbursable.

- o For Department of Education owned vehicles only out-of-pocket parking expenses are reimbursable. Fuel and tolls can not be paid out-of-pocket unless authorized by the Executive Director.

13 - Receipt of Goods and Services - Print and sign your name and enter the date.

14 - Expenditure Approval - Submit your claim to your “Approving Officer” as designated by Executive Director. The Approving Officer upon review of the acceptability of the claim will sign and date the document and return a copy to the claimant.

- The box marked “Initial Here for Emergency Check” is Left Blank.

- Tickler Number - Leave Blank.

Claims are sent to the Accounts Payable Unit via the weekly field office messenger and addressed as follows:

Mr. Michael Fortune
 Accounts Payable Unit
 44-36 Vernon Blvd., Room 404
 Long Island City, N.Y. 11101

Claims will be audited and processed expeditiously.

LHW:jf