

 <div style="text-align: center;"> Massachusetts Department of Correction POLICY </div>	Effective Date 4/19/2023	Responsible Division Deputy Commissioner, Administration
	Annual Review Date 4/19/2023	
Policy Name 103 DOC 214 EMPLOYEE MEALS	M.G.L. Reference: M.G.L. c. 124, § 1 (c); Executive Office of Administration and Finance 801 CMR 4.03, <i>Rates</i>	
	DOC Policy Reference:	
	ACA/PREA Standards:	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Applicability: Staff
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Location: Department Central Policy File Each Institution's Policy File
<p>PURPOSE: To establish standards, specifications, and proper procedures for employee meals within the Massachusetts Department of Correction ("Department").</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner, Administration Superintendents Institutional Food Service Director Departmental Food Service Director</p> <p>CANCELLATION: 103 DOC 214 cancels all Department policies, procedures, Commissioner's bulletins and rules and regulations regarding employee meals which are inconsistent with this policy.</p> <p>SEVERABILITY CLAUSE: If any part of 103 DOC 214 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

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214.01**STATE PROVIDED EMPLOYEE MEALS**

- A. Pursuant to the regulations as set forth by the Executive Office of Administration and Finance in 801 CMR 4.03, *Rates*, Department staff are required to purchase meal tickets at a cost of \$1.35 (plus meals tax) prior to the consumption of a state meal, whether from a staff dining room, or main line kitchen. The consumption of any portion of the offered menu, e.g. dessert, beverage, entree, constitutes a meal and, as such, requires the aforementioned reimbursement.
- B. The treasurer of the institution is responsible for the sale of meal tickets, collection of funds, transfer of revenue, and the accounting of unused meal tickets.
- C. The institutional Food Service Director shall ensure that all staff meals served are appropriately compensated with a meal ticket. Said tickets are to be collected and delivered to the treasurer's office on a daily basis.

214.02**CONTRACT FOOD SERVICE EMPLOYEE MEALS**

The same provisions shall be employed as set forth in paragraphs A & B of the previous section for those institutions which have contract food services unless otherwise stipulated in the contractual agreement or as approved by the Director of Administrative Services.

214.03**CULINARY ARTS PROGRAM EMPLOYEE MEALS**

- A. Department staff and guests are required to purchase a culinary meal ticket prior to the consumption of a culinary meal. The cost of a culinary meal shall be established by the Director of Inmate Training and Education. Meals tax shall be calculated on and added to the established price.
- B. An individual designated by the Superintendent shall be responsible for the sale of culinary meal tickets, collection of funds, transfer of revenue, and the accounting of unused culinary meal tickets.
- C. The Culinary Arts Instructor shall ensure that all meals served are appropriately compensated with a culinary meal ticket.

214.04**OVERTIME MEAL REIMBURSEMENT**

- A. Employees who work three (3) or more hours overtime, exclusive of meal times, in addition to their regular hours of employment or employees who work three (3) or more hours, exclusive of meal times on a day other than their regular work day shall be reimbursed for expenses incurred for authorized meals, including tips, in accordance with the respective collective bargaining agreement.
- B. Those individuals who accept a meal ticket for a meal from a staff dining room or consume an overtime meal from the main line kitchen shall forfeit said reimbursement. Individuals that purchase a meal from a Culinary Arts Program shall be eligible for reimbursement in accordance with the respective collective bargaining agreement.
- C. An Employee Reimbursement Form (Attachment #1) shall be completed in order to be reimbursed. The Shift Commander or appropriate Supervisor shall sign the completed reimbursement form and submit the form along with validated receipts to Administrative Services within thirty (30) days of the cost incurred. If a receipt is unavailable to be submitted as supporting documentation for the reimbursement, e.g., the overtime meal was purchased from a vending machine, the reason for its unavailability shall be indicated on the Employee Reimbursement Form.
- D. Administrative Services shall process all reimbursement forms through the Human Resources/Cost Management System (HR/CMS) for payment. Reimbursement forms containing discrepancies, not completed properly, or lacking receipts/statement of receipt unavailability shall be returned to the respective employee for corrective action.

214.05**TRAVEL MEAL REIMBURSEMENT**

- 1. Employees on approved travel status and away from home for more than twenty-four (24) hours shall be reimbursed for meals in accordance with the respective collective bargaining agreement.
- 2. Travel meal reimbursements are considered allowances and as such do not require receipts for same. Said reimbursements shall be included with other travel expenses and submitted on an Employee Reimbursement Form (Attachment #1) to Administrative Services.

214.06**RESPONSIBLE STAFF**

The Executive Director of Administrative Services, under the direction of the Deputy Commissioner of Administration, shall implement and monitor this policy throughout the Department. The Executive Director of Administrative Services or their designee shall have access to all institutions and their fiscal records for audit purposes to determine compliance with this policy.

214.07**RETENTION OF ACCOUNTING RECORDS/SOURCE DOCUMENTS**

The Department (facility/institution) copy of all fiscal documents shall be systematically filed to facilitate later retrieval for audit purposes.

Institution / Division Name	
Employee Name & HOME Address (Must be completed)	
Employee/ Contractor Title	
Employee ID # (must be entered)	Bargaining Unit

Department of Correction Employee Reimbursement Form

B01	
B02 BMI	-
B02 BPK	-
B02 BTL	-
B02 BAE	-
B02 misc.	-
B03	-
B05	\$ -
B10	-
Total	-

Fiscal Year - 2023 update	
HR Office Use Only	
Schedule Pay Date:	Reconciliation Date:

- This form is automated to calculate the amounts based on the # of miles and the current mileage rate of .585 per mile.
- Reason for travel must be detailed
- Meal Reimbursements must be identified and overtime shift worked. Must be submitted within 30 days of the cost incurred
- Full home address is required
- Approval and certification is required from Manager

Date	Reason for Travel & Location to Destination Description	Total Miles	Shortest Distance Rule	Mileage Cost	Parking	Tolls	Qrty Car Allowance	Misc.	Meals	Conference	Job Expenses
	<i>If destination is not a DOC Facility address must be provided</i>			BMI	BPK Receipt Required	BTL Receipt Required	BAE Back-up required	B02 Receipt Required	B03	B05 Back-up required	B10 Receipt Required
				\$ -							
				\$ -							
				\$ -							
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Employee MUST sign on the signature line immediately following the Traveler's Certification statement. You are certifying that you are seeking reimbursement using the shortest distance rule. Per Commonwealth guidelines, reimbursement will be from home to destination or regular assigned site to destination, whichever is less. If this rule is not adhered to your reimbursement will be reduced to the allowable amount.

Employee's Signature	Date
State Vehicles were either not available or not feasible for this travel.	
The Manager is certifying that the travel is authorized and that the shortest distance rule has been followed by the employee	
Manager's Approval & Certification	Date
Print Manager's Name & Title	Date

HR Verification	Title	Date
HR Approval	Title	Date
Entered in HR/CMS	Title	Date

Employee Reimbursement Form Instructions

This form is automated to calculate the amounts based on the # of miles and the current mileage rate of .585 per mile.

Please complete the following fields:

Institution/Division Name:	Name of your assigned work location.
Employee Name and Address:	Your name and <i>home</i> address.
Employee or Contractor Title:	Your job title.
Employee ID#:	This number can be found on your pay advice to the right of your name.
Bargaining Unit:	Union Bargaining Unit or "M" for Management.
Date:	Date(s) of actual travel.
Description:	Reason for travel must be detailed. If travel destination is not a DOC facility, address must be provided. For Meal Reimbursements: Please identify which meal you are requesting to be reimbursed, (i.e. breakfast, lunch, dinner or snack) and Shift worked (if applicable) Per Policy 103 DOC 214.04 Meal reimbursement request must be submitted within 30 days of the cost incurred.
Total Miles:	Total of miles actually driven.
Shortest Distance Rule:	Miles published on the Matrix OR Total Miles, whichever is shorter. Per Commonwealth guidelines: Reimbursement will be from home to destination or regular assigned site to destination, whichever is less.
Mileage Cost:	Total amount of your Bargaining Unit's agreed reimbursement. (.62) will automatically Calculate based on miles entered on form.
Misc.:	Cost of any fares (i.e. Commuter Rail, Ferry etc.). Please state mode of transportation and destination. Receipts must be attached.
Meals:	Total amount of your Bargaining Unit's agreed reimbursement. If receipts are not attached, written justification must be provided. Signing managers are confirming that the overtime shift is being worked.
Employee's Signature:	Employee MUST sign on the signature line immediately following the Traveler's Certification statement. You are certifying that you are seeking reimbursement using the shortest distance rule. Per Commonwealth guidelines, reimbursement will be from home to destination or regular assigned site to destination, whichever is less . If this rule is not adhered to your reimbursement will be reduced to the allowable amount.
Date:	Date of Employee's signature.
Manager's Approval and Certification:	All Employee Reimbursements Forms must have a Manager's approval verifying overtime shifts, travel dates, destination, and availability of a state car. The Manager is certifying that the travel is authorized, that the shortest distance rule has been followed by the employee, and that the overtime shift referenced for meal reimbursement is being worked.
Date:	Date of Manager's signature.
Name & Title:	Clearly print the Manager's Name and Title.

[https://massgov-my.sharepoint.com/personal/jessica_bernardo_doc_state_ma_us/Documents/FY 2023 UPDATED Employee Reimbursement Form \(.62\)](https://massgov-my.sharepoint.com/personal/jessica_bernardo_doc_state_ma_us/Documents/FY%2023%20UPDATED%20Employee%20Reimbursement%20Form%20(.62))