

# Andy Kilday

## Event Production Services, Inc.

### San Francisco Fleet Week Appendix

#### **TWIC Reimbursement**

A TWIC card may be required for your shift.

Use this link to pre-enroll for your TWIC card and learn more: <https://www.tsa.gov/for-industry/twic>

You may need to go in for a walk-in same day appointment in for the TWIC card to arrive in time.

EPS provides financial support for obtaining a TWIC card as follows:

- Option 1 - Full reimbursement of the TWIC card costs (with a receipt) + \$1 per/hour raise.
- Option 2 - No reimbursement, \$2 per/hour raise (with a receipt).
- You cannot change your choice after the first pay check including TWIC has been issued.
- Your must receive the card before September 27, 2019.
- You must show up for your scheduled shifts,

#### **To receive reimbursement:**

- Complete AKEPS form 304T.
- Scan the receipt.
- Send the receipt and form 304 to "[staffing@akeps.com](mailto:staffing@akeps.com)."
- Include TWIC SFFW19 and your name in the subject line of the email.

( 2019-08-15 )

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### San Francisco Fleet Week Appendix

#### TWIC Form 304T Sample

|  |           |                |                             |    |       |     |           |                  |           |
|--|-----------|----------------|-----------------------------|----|-------|-----|-----------|------------------|-----------|
| <b>EXPENSE CLAIM</b>   |           | Event: SFFW18  | NAME: Your Name             |    |       |     |           |                  |           |
| FOR OPERATIONAL PERIOD #   |           | Task # 120618  | TEAMUNIT:                   |    |       |     |           |                  |           |
|  |           |                | DATE PREPARED: Today's Date |    |       |     |           |                  |           |
|  |           |                | TIME PREPARED:              |    |       |     |           |                  |           |
| <b>EXPENSES INCURRED FROM</b>  |           |                | <b>TO</b>                   |    |       |     |           |                  |           |
| DATE:  |           | TIME:          | DATE:                       |    |       |     |           |                  |           |
|  |           |                | TIME:                       |    |       |     |           |                  |           |
| <b>MEALS</b>   |           |                | <b>MILEAGE</b>              |    |       |     |           |                  |           |
| TYPE   | RATE (\$) | QTY            | EXTENSION                   | Km | Mi    | (Y) | RATE (\$) | QTY              | EXTENSION |
| BREAKFAST  |           |                |                             |    |       |     |           |                  |           |
| LUNCH  |           |                |                             |    |       |     |           |                  |           |
| DINNER   |           |                |                             |    |       |     |           |                  |           |
| OVERNIGHT  |           |                |                             |    |       |     |           |                  |           |
| TOTAL  |           |                |                             |    | TOTAL |     |           |                  |           |
| <b># TWIC Reimbursement</b>  |           |                |                             |    |       |     |           |                  |           |
| #1 - Full reimbursement and \$1.00 per hour rate increase. _____   |           |                |                             |    |       |     |           |                  |           |
| #2 - No reimbursement and \$2.00 per hour rate increase. _____ Pick One  |           |                |                             |    |       |     |           |                  |           |
| Send this form and a copy of the TWIC receipt to:  |           |                |                             |    |       |     |           |                  |           |
| "Staffing@AKEPS.com" or bring to the check-in counter. Include "TWIC SFFW18" in the subject line of the email. |           |                |                             |    |       |     |           |                  |           |
| EST. COST:   |           | SUPPLIER: TWIC |                             |    |       |     |           |                  |           |
| APPROVED BY (Time or Staffing Unit Leader):  |           |                |                             |    |       |     |           |                  |           |
| <b># P</b>   |           |                |                             |    |       |     |           |                  |           |
| Name: Your Name  |           |                |                             |    |       |     |           |                  |           |
| (please print)   |           |                |                             |    |       |     |           |                  |           |
| Mailing Address: Your Mailing Address  |           |                |                             |    |       |     |           |                  |           |
| Your City, State, Zip  |           |                |                             |    |       |     |           |                  |           |
| (please print)   |           |                |                             |    |       |     |           |                  |           |
| EST. COST:   |           | SUPPLIER:      |                             |    |       |     |           |                  |           |
| APPROVED BY (DEPUTY INCIDENT COMMANDER):   |           |                |                             |    |       |     |           |                  |           |
| AKEPS Office:  |           |                |                             |    |       |     |           |                  |           |
| T# _____ PO# _____ CK# _____ Mailed: _____   |           |                |                             |    |       |     |           |                  |           |
| CLAIMANT'S SIGNATURE:  |           |                |                             |    |       |     |           | <b>ICS 304-T</b> |           |

REV 96/06/25