



WACBD Travel Reimbursement Request Form

Employee/Traveler Information:

Name:	Employee ID:
Home Address:	Phone No:
City, State, Zip:	Department:

Reason for Travel (check only one type of travel per form):

- Patient Home Visit
 Attending Staff Training or Professional Development
 Attending Conference
 Other Business Travel

Did you attach your expense receipts? Yes No

Date (mm/dd/yy)	Travel To and Return Destination:	Purpose/Reason for Travel	Time of Departure & Return	Meals (Not to exceed IRS \$60/day	Hotel	Map Mileage @ IRS .56/mile	Other Incidental Expenses (Parking, car rental, etc.)	
							Type	Amount

Total Meals: _____

Total Mileage: _____

Total Other Incidentals: _____

Total Hotel: _____

Total Reimbursement: _____

I certify this claim for reimbursement of travel expenses is true and correct, all travel expenses listed were actually incurred by me as necessary to perform my job responsibilities on behalf of the Washington Institute for Coagulation d/b/a WACBD. Any meals, lodging, or other expenses provided for me on behalf of a conference have been appropriately deducted from this reimbursement request.

I certify I have not been nor will be reimbursed for any of these expenses from another source and these expenses were not prepaid by a WIC credit card.

Employee/Travelers Signature: _____ Date: _____

Supervisor/Authorized Signature: _____ Date: _____

TO BE COMPLETED BY ACCOUNTING ONLY:

Grant: <input type="checkbox"/> CDC <input type="checkbox"/> HRSA <input type="checkbox"/> Other	Travel GL Code: <input type="checkbox"/> 7300 <input type="checkbox"/> 7310 <input type="checkbox"/> 7320 <input type="checkbox"/> 7330	Revenue GL Code:
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Example Reimbursement Form:

Date (mm/dd/yy)	Travel To and Return Destination:	Purpose and Reason for Travel	Time of Departure & Return	Meals (Not to exceed IRS \$60/day)	Hotel	Map Mileage @ IRS .56/mile	Other Incidental Expenses (Parking, car rental)	
							Type	Amount
04/09/21	WACBD to Evergreen Hospital & RTN	Meet with patient B.B. and PCP to review treatment plan	12:00 – 1:30 p.m.	N/A	N/A	2.97	Parking	8.00
04/23/21	Home to UW & RTN	Patient M.A. for infusion	7:15 – 7:45 a.m.	N/A	N/A	32.56	N/A	N/A
05/02/21	WACBD Clinic to OHSU & Return	Meet with Susan Lattimore	10:30 a.m.	\$42	Prepaid w/CC	N/A	Rental Car	Prepaid w/ CC
05/03/21	WACBD Clinic to OHSU & Return	Meet with Susan Lattimore	8:45 p.m.	\$59				

Total Meals: _____

Total Mileage: _____

Total Other Incidentals: _____

Total Hotel: _____

Total Reimbursement: _____

Travel Policy:

Travel for the Washington Institute for Coagulation d/b/a WACBD must be consistent with the mission and done by the most economical methods.

Funding for educational and professional travel are subject to WACBD's available budget each fiscal year. All permissible travel must be pre-approved by immediate supervisor and/or WACBD Exec/Medical Director prior to any arrangements being made. All approved travel for the purpose of the mission of WACBD is work and employees are "on-the-clock."

Travel arrangement and reimbursement criteria for approved travel:

A. Air Travel:

- Coach class airline tickets are the only allowable forms of air travel
- Airline upgrades of any kind are not allowable

- Baggage fees for trips shorter than 72 hours are not allowable
 - Air travel reservations must be made at least 30 days in advance
- B. Hotel: Unless otherwise stated, hotel rooms must be shared when multiple employees are traveling.
- C. Meals:
- In accordance with the IRS Standard Meal Allowance rate; breakfast, lunch and dinner must not exceed \$60 per day.
 - Major cities designated as high-cost areas may be eligible for higher standard meal allowances, not to exceed \$71 per day.
 - If meals are provided by the conference/meeting organizers, those meals are not reimbursable to the employee.
 - Eligibility for meals for overnight or a full day of travel:
 - Travel departure begins before 7 a.m. eligible for breakfast
 - Continuation of travel through 3 p.m. eligible for lunch
 - End of travel 6 p.m. and after eligible for dinner
- D. Mileage and Car expenses: The cost of using your personal vehicle as an employee is calculated by the IRS standard mileage rate of \$0.56 cents per mile. The assigned office location (701 Pike Street, St. 1900) should be the starting point to determine reimbursable mileage Mon-Fri, 7 a.m. - 6 p.m. Commuting from one's personal residence would not be reimbursable, only the mileage incurred to and from approved travel destination.
- E. Rental Car: If necessary, must be for trips longer than 72 hours or if hotel and conference/meeting location are not in a feasible vicinity. If a rental car is needed for trips shorter than 72 hours, prior approval is required.
- F. Foreign Travel: Is not allowable, unless pre-approved by HRSA.
- G. Mandatory travel for clinical employees: Clinical employees working a Full-Time Equivalency (FTE) of .50 or greater in the Hemophilia Treatment Centers of WACBD, Seattle Children's Hospital, Providence Sacred Heart, or Mary Bridge Medical Center; are expected to attend the Mountain States Hemophilia Network Regional Meeting and the Mountain States Hemophilia Network Mini-Regional Meeting.
- Mountain States Hemophilia Network Regional Meeting (MSHN):
- MSHN is responsible for payment of hotel rooms for attending employees.
 - WACBD is responsible for payment of air travel, ground transportation, and meals.
- Mountain States Hemophilia Network Mini-Regional Meeting:
- MSHN is responsible for payment of hotel rooms for attending employees.
 - WACBD is responsible for payment of air travel, ground transportation, and meals.
- H. Travel Guidelines for employees of partner agencies: Employees of partner agencies with an active collaborative or service agreement with the Washington Institute for Coagulation d/b/a WACBD may request for travel funds if their FTE is .50 or greater. Travel must directly relate to their

work at WACBD and will be reimbursed based on the FTE of the employee. For example, if the employee works at .5 FTE, WACBD will only pay a portion of the travel.

- I. Guidelines while traveling: All approved travel for the purpose of the mission of WACBD is “on-the-clock” and employees are expected to conduct themselves in a professional manner according to Professional Expectations and Code of Ethics Guidelines. Employees must attend all sessions and be present for breakout and working groups.

- J. Reimbursement of Travel: Employees must submit completed travel reimbursement package including completed travel reimbursement request form, original travel receipts, and any supporting documentation to Accounting within 30 days of return. For forms requiring Exec/Medical Director signature or for any questions, please route to the Executive Assistant. Any employee who does not submit receipts for reimbursement within the 30-day period, forfeits their reimbursement. Original receipts, conference/meeting agendas and any supporting documentation of travel is required to be submitted for reimbursement.