

# **WACBD Travel Reimbursement Request Form for Travel in 2024**

## **Employee/Traveler Information:**

Name:	Name:  Home Address:  City, State, Zip:			Employee ID:						
Home Ad				Phone No:  Department:						
City, Stat										
□ P		type of travel per form):  ding Staff Training or Profession ipts?   Yes   No ( <i>please inc</i>	•	_		□ Other B	usiness Tra	vel		
Date (mm/dd/yy)	Travel To and Return Destination:	Purpose/Reason for Travel	Time of Departure & Return	Meals not to exceed IRS \$64/day or \$74/day high cost city		Map Mileage @ IRS 67 cents per mile	Other Incidental Expenses (Parking, car rental, etc.)			
							Туре	Amount		

Total Meals:			
Total Mileage:	-		
Total Other Incidentals:			
Total Hotel:	-		
Total Reimbursement:			
necessary to perform my job responsibilition	avel expenses is true and correct, all travel expense es on behalf of the Washington Institute for Coagu of a conference have been appropriately deducte	lation d/b/a WACBD. Any meals, lodging, or	r
I certify I have not been nor will be reimbu WIC credit card.	rsed for any of these expenses from another sourc	e and these expenses were not prepaid by a	a
Employee/Travelers Signature:		Date:	
Supervisor/Authorized Signature:		Date:	
TO BE COMPLETED BY ACCOUNTING ONLY:			
Grant: ☐ CDC ☐ HRSA ☐ Other	Travel GL Code: ☐ 7300 ☐ 7310 ☐ 7320 ☐ 7330	Revenue GL Code:	

## **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 Rate	Other Incidental Expenses (Parking, car rental)	
04/09/21	WACBD to Evergreen	Meet with patient B.B. and PCP to	12:00 – 1:30	N/A	N/A	2.97	Туре	Amount
	Hospital & RTN	review treatment plan	p.m.				Parking	8.00
04/23/21	Home to UW & RTN	Patient M.A. for infusion	7:15 – 7:45	N/A	N/A	32.56	N/A	N/A
			a.m.					
05/02/21	WACBD Clinic to OHSU	Meet with Susan Lattimore	10:30 a.m.	\$42	Prepaid w/CC	N/A	Rental	Prepaid
	& Return						Car	w/ CC
05/03/21	WACBD Clinic to OHSU	Meet with Susan Lattimore	8:45 p.m.	\$59				
	& Return							

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 \$64 per day.
- Major cities designated as high-cost areas may be eligible for higher standard meal allowances, not to exceed \$74 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:
  - o Travel departure begins before 7 a.m. eligible for breakfast
  - o Continuation of travel through 3 p.m. eligible for lunch
  - o 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 \$0.67 cents per mile. Your assigned office location (701 Pike Street, Suite 1900) should be the starting point to determine reimbursable mileage, commuting from one's personal residence would not 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,
- 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 original travel receipts within 30 days of return to the Executive Assistant to be reimbursed. 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.