



WACBD Travel Reimbursement Request Form for Travel in 2025

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 (*please include signed missing receipt forms*)

Date (mm/dd/yy)	Travel To and Return Destination:	Purpose/Reason for Travel	Time of Departure & Return	Meals	Hotel	Map Mileage @ IRS 70 cents per mile	Other Incidental Expenses (Parking, Lyft, Uber, Airfare)	
							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 (WIC) 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: _____

Example Reimbursement Form:

Date (mm/dd/yy)	Travel To and Return Destination:	Purpose and Reason for Travel	Time of Departure & Return	Meals	Hotel	Map Mileage @ IRS Rate	Other Incidental Expenses (Parking, car rental)	
04/09/24	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	Type	Amount
							Parking	8.00
04/23/24	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
05/02/24	WACBD Clinic to OHSU & Return	Meet with grant contact J. Doe	10:30 a.m.	\$42.00	Prepaid with CC	N/A	Airfare	350.00
05/03/24	WACBD Clinic to OHSU & Return	Meet with grant contact J. Doe	8:45 p.m.	\$59.00				

Travel Policy:

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

Funding for educational and professional travel are subject to WACBD's available budget each fiscal year. Aside from mandatory Mountain States Hemophilia Network meetings and recurring, scheduled Outreach Clinics, all permissible travel must be pre-approved by immediate supervisor and/or WACBD Exec/Medical Director before any arrangements are 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 reimbursed by WACBD
- Baggage fees are reimbursable
- Air travel reservations must be made at least 14 days in advance

B. Meals:

- Per diem for meals includes basic cost of meal, sales tax, and customary tip/gratuity. Alcoholic beverages must be excluded.
- Meals per diem is best to think of as a cap that is allowed to be spent depending on the location of the travel. For example, traveling to downtown New York versus a small town in Washington will be more forgiving on the amount you get to spend. You may use the federal GSA per diem rates found [here](#) for a guideline.
- 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

C. Mileage and Car expenses: The cost of using your personal vehicle as an employee is calculated by the IRS standard mileage rate for the year. 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 be reimbursable, only the mileage incurred to and from approved travel destination.

D. Rental Car: If needed for trips, prior approval is required.

E. International Travel: Is not reimbursed by WACBD, unless pre-approved by the Executive Director, or by HRSA for 340B related travel.

F. Mandatory travel for clinical employees (or non-clinical employees who attend): 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 (MSHN) Regional Meeting and the Mountain States Hemophilia Network Collaborative Regional Meeting.

For both meetings:

- MSHN is responsible for payment of hotel rooms for attending employees.
- WACBD is responsible for payment of air travel, ground transportation, and meals.

G. Employees must submit completed travel reimbursement package including approved travel authorization form; travel reimbursement request form; travel receipts (for meals please include receipt listing all meals/beverages purchased), and invoices to support all expenses; conference/meeting agendas; and any other supporting documentation to Accounting within 30 days of return. For forms requiring Exec/Medical Director signature, please route to the Executive Assistant. Requests not submitted within the 30-day period may result in forfeiture of the reimbursement.