

TRAVEL EXPENSE GUIDELINES

Receipts and hotel bills are to be attached. Under lodging, only the actual cost of lodging is to be entered. Other items on the hotel bill must be entered in the appropriate space.

Meals are to be entered as indicated. Meals purchased for others are to be shown separately and the reason of the entertainment must be indicated. All unusual items are to be explained in full and receipts attached. Authorized travel expenses incurred on UHA business will be reimbursed by UHA according to the following restrictions:

1. Reimbursement for air travel is made at the coach-class air fare by the most direct of most economical route from the point of origin to the destination.
2. Lodging rate is to be requested in advance in order to obtain the lowest possible rate wherever possible.
3. Reimbursement is made for reasonable telephone charges required by reason of absence from traveler's usual place of business. This includes telephone expenses to immediate family members while away from home.
4. Meals are reimbursed up to the maximums according to the following schedule:

	<u>In-State</u>	<u>Out-of-State</u>
Breakfast:	\$12.00	\$15.00
Lunch:	\$15.00	\$20.00
Dinner:	\$30.00	\$45.00
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	\$57.00	\$80.00

UHA staff and Association members should obtain, in advance, travel authorization from the UHA President for all Association activity travel expenses.

Out-of-State travel will be reimbursed on the basis of commercial tourist-class air transportation plus appropriate taxi or limousine. Where extenuating circumstances may dictate travel by personal auto for Out-of-State travel, this method of travel reimbursement must be approved in advance by the UHA President.

The following documentation is to be attached to the expense statement as appropriate: (Receipts need to show date, place, amount and the purpose must be written on them.)

- Transportation ticket stub (Airline, Bus, etc.)
- Paid bill for Lodging.
- Car rental invoice (if approved in advance of trip).
- Receipts for parking charges, taxis, shuttles, etc.
- Receipts for meals, snacks, entertainment (where possible), etc.

Reimbursement by any other means than that described above must be authorized in advance by the UHA President. Included in this limitation is car rental. In-State air fare, with the cost in excess of personal auto travel, must also be approved in advance by the UHA President. Accompanying your Travel Expense Report should be a reimbursement request (and documentation) for any personal cash or personal credit card expenses.

UHA, Utah Hospitals & Health Systems Association
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Travel Expense Statement

Travel Dates
 From _____
 To _____

Purpose of Travel: _____
 Total UHA Expense: _____
 Balance to be paid by: _____ Amount to be Paid: _____

Date	Paid	Account	Description	Lodging	Transport	Fuel	Meals	Phone	Miscellaneous	Other	TOTAL

Total Expenses	\$0.00
Less Expenses Paid in Advance	
Less Cash Advanced	
Less Corporate Charges	
TOTAL	\$0.00

I certify that this is a true statement of my expenses incurred on official business for UHA, Utah Hospitals & Health Systems Association.

Signature _____

Approved by: _____

Date Signed: _____