



## **NOSORH TRAVEL REIMBURSEMENT POLICY**

### **As approved by Executive Committee 11/15/06**

The NOSORH Executive Committee authorizes the Treasurer and the Program Director to approve any requests for travel reimbursement. Any exceptions to this policy may be made by the Executive Committee.

### **Expectations of Traveler**

It is the traveler's responsibility to understand all NOSORH travel policies and eligibility for reimbursement prior to incurring any travel expense.

The traveler shall travel via the most economical means available including coach or less expensive fare, use of public transportation when feasible, lodging costs at GSA rates (when feasible) and minimum nights to achieve lowest overall trip costs.

The traveler shall submit original receipts for all travel expenses except meals and an incidental allowance. If traveler is attending conference or meeting a conference agenda or meeting invitation shall be submitted with the request for reimbursement.

### **Eligible Expenses**

The reimbursement or payment, if authorized, is limited to actual expenses for transportation, lodging (at GSA rates when feasible) meals (according to the GSA rates for the area) and incidentals not paid by any other means.

Travel costs will only be reimbursed for any necessary days to accomplish the work of NOSORH. Extra nights stay or upgrades to services will not be reimbursed. Any reimbursement for additional days travel expenses must be specifically requested with documentation of significant cost savings to NOSORH for additional travel days, including copies of room rates or transportation costs savings.

Transportation must be completed in the most economical, feasible route and fare. Mileage is paid at the standard GSA rate. Parking is reimbursed only with a receipt. No parking violation fees are paid by NOSORH.

Lodging is reimbursed at the GSA rate. Traveler may be reimbursed conference hotel rates when GSA rate is not offered. Published Documentation of conference room rate must be submitted with the receipt and request for reimbursement for lodging.

An allowance of \$3 is paid for incidentals for each full or partial day of travel.

Payment is not made for meals provided at conferences or other events. Payment of meals is based upon standard GSA rates and commences at the time of time of the travel.

Travelers will be reimbursed for meals based upon the following schedule:

Breakfast – travel at or prior to 8 AM

Lunch – travel at or prior to 11 AM

Dinner – travel at or after 5 PM

Unless specifically approved for necessary travel, rental car expenses are not reimbursed.

### **Documentation of Expenses**

Travel expenses must be promptly accounted for within 30 calendar days of completion of the activity. Documentation of all expenses is to be submitted on the Request for Reimbursement form with appropriate receipts.

# National Organization of State Offices of Rural Health

## TRAVEL/MEETING REIMBURSEMENT EXPENSE REPORT

**Meeting/Workshop:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date (s):** \_\_\_\_\_

check payable to

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name and address to which reimbursement need to be paid/sent if different from information to the left.

Itinerary: Below, please indicate departure from residence and return.

DAY & DATE	SUN	MON	TUE	WED	THUR	FRI	SAT
<i>insert date →</i>							
Depart Home/Time							
Return Home/Time							

Category	Traveler Due									
Transportation: (please check one) <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Car	\$ _____									
<b>Ground Transportation:</b> Mileage: _____ miles @ \$ 0.580 <i>current federal rate - <a href="http://www.gsa.gov">www.gsa.gov</a></i>	\$ _____									
Taxi/Shuttle: \$ _____ Parking: \$ _____	\$ _____									
Other: \$ _____ Baggage: \$ _____ <i>*NOSORH does not reimburse gratuities</i>	\$ _____									
<b>Lodging:</b> <i># of nights</i> _____ <i>rate per night</i> \$ _____ + <i>taxes per night</i> \$ _____	\$ _____									
<i>Per Diem rate</i> \$ _____ <i># of days</i> _____ <i>current federal rate - <a href="http://www.gsa.gov">www.gsa.gov</a></i>	\$ _____									
Minus meals provided at event (see table on next page)	Less									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"><i>Breakfast</i></td> <td style="width: 33%; text-align: center;"><i>Lunch</i></td> <td style="width: 33%; text-align: center;"><i>Dinner</i></td> </tr> <tr> <td style="text-align: center;"><i># of meals</i> _____</td> <td style="text-align: center;"><i># of meals</i> _____</td> <td style="text-align: center;"><i># of meals</i> _____</td> </tr> <tr> <td style="text-align: center;">X \$ _____</td> <td style="text-align: center;">X \$ _____</td> <td style="text-align: center;">X \$ _____</td> </tr> </table>	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	<i># of meals</i> _____	<i># of meals</i> _____	<i># of meals</i> _____	X \$ _____	X \$ _____	X \$ _____	- \$ _____
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<i># of meals</i> _____	<i># of meals</i> _____	<i># of meals</i> _____								
X \$ _____	X \$ _____	X \$ _____								
<b>TOTAL</b>	<b>\$ _____</b>									

**COMPLETED FORMS AND RECEIPTS FOR ALL EXPENSES EXCEPT PER DIEM ARE REQUIRED. FAILURE TO INCLUDE ORIGINAL RECEIPTS WILL DELAY YOUR REIMBURSEMENT.**

I certify that this statement is accurate as to actual and necessary business expenses incurred. I am not being reimbursed by any other source for the above expenses.

\_\_\_\_\_  
TRAVELER'S SIGNATURE

\_\_\_\_\_  
DATE

*Please submit this completed form along with all your receipts to:*  
 NOSORH – 44648 Mound Rd. #114 – Sterling Heights, MI 48314-1322