

Submission ID:

For CEO's Office Use Only

# **University Medical Service Association, Inc.**

New:		Revised:	$\boxtimes$	Supersedes:	2008, 2009, 2011, 2013								
Internal Guideline,			Trav	Travel Expenses									
Procedure or Policy													
Name:													
Responsible Office:			Fina	Finance and Accounting									
Submi	itted	Ву:	Alis	ha Ozmeral	Title:	Chief Financial Officer							

Review/Approvals:	Committee Name and/or CEO Name:	Date Approved:		
Oversight Committee (if applicable):	Practice Leadership Team	9/15/2021		
USFHC CEO:	Mark G. Moseley	7/28/2021		
USFH CFO:	Richard Sobieray	7/28/2021		
USFHC Finance, EMC or CLB (if applicable):	USF Finance Committee	7/28/2021		

<u>OBJECTIVES AND PURPOSES:</u> University Medical Service Association, Inc. (UMSA) funds should primarily be utilized for purposes in support of the clinical service mission of the USF Morsani College of Medicine. Other funding sources (e.g. USF Foundation Funds, research accounts, etc) may be the appropriate, preferred source for the payment of expenses related to educational, research and other missions of the USF Morsani College of Medicine.

This policy promotes the consistent application of accounting and IRS guidelines for which travel expenses may be reimbursed and general standards by which travel expense reimbursement requests and related records shall be processed in a timely and efficient manner. The scope of this policy shall govern the actions of USF Healthcare, UMSA employees and consultants.

**STATEMENT OF INTERNAL GUIDELINES**. Any request for reimbursement of travel expenses must be submitted to the Department of Finance & Accounting for reimbursement within sixty (60) calendar days after the event occurred.

To assure the consistent application, approvals are outlined in the *Signature Authorization and Expenditure Policy* and are required on both forms.

#### Same Day Business Travel:

After business travel occurs which **does not require overnight stay**, a Travel & Expense form (T&E) must be completed, signed by the Traveler and authorized by the appropriate authorities. The T&E form will list all expenses associated with the travel, whether paid directly by the organization or reimbursable to the traveler.

## **Overnight Business Travel:**

**Prior to travel**, a Travel Authorization Request (TAR) form must be completed and authorized by the appropriate authorities **before** travel or expenses are incurred. Once TAR form is complete and approved, the TAR must be created in CODA and paper form attached.

When the travel period has ended, the Travel & Expense form (T&E) must be completed, signed by the Traveler and authorized by the appropriate authorities. The T&E form will list all expenses, including incidentals associated with the travel, whether paid directly by the organization or reimbursable to the traveler. All receipts and back-up documentation must be attached to the TAR in Coda along with a completed T&E form when submitted for payment and/or reimbursement. The Travel Checklist and paper TAR form are required attachments.

International travel should be supported with conversion rates from <a href="www.oanda.com">www.oanda.com</a> for all expenses, including incidentals, incurred during business travel. When calculating the conversion rate, use a date in the middle of the trip.

All employees are expected to understand and abide by the procedures outlined below as it relates to the reimbursement of travel expenses.

#### **PROCEDURES:**

## **Applicability**

Unless specifically noted to the contrary, this description of policies and procedures applies to all same day and overnight business travel expenses submitted for reimbursement.

# Administration

Travel reimbursement requests must include an <u>approved</u> Travel Authorization Request (TAR) in Coda, an <u>approved</u> Travel Expense form (T&E) and <u>all</u> receipts. The Travel checklist and paper TAR form are required. Travelers will not be reimbursed for expenses incurred prior to the travel date except for registration and hotel deposit unless otherwise outlined in the Travel Advances section below.

The signature of the traveler must be presented on the T&E form. To assure consistent application of these policies and procedures, the signature approvals as outlined in the *Signature Authorization and Expenditure* policy shall be required for expenses before reimbursements may be processed.

For <u>overnight</u> business travel, requisition type **TARREQUEST** and purchase order type **TRAVELORDER** must be utilized in the procurement system to obtain the proper approval and to generate timely payment.

All other reimbursed business travel and mileage expenses must be submitted on a **REIMBORDER**.

#### Timeliness of Payment/Reimbursement Requests

All expenses incurred, with the exclusion of those paid and/or reimbursed in advance by UMSA must be submitted to the UMSA Department of Finance and Accounting within 60 calendar days of the completion date of the travel. If an acceptable request meeting the criteria as defined below is not submitted within sixty (60) days after the completion of the travel, the approval of the CFO or their designee is required prior to the submission of such information to the Department of Finance and Accounting. Any travel requested to be paid through GME funds, must be approved by the GME director prior to the submission of payment.

#### Business Travel in Conjunction with Personal Travel

When a traveler is on Company business in conjunction with personal travel, the T&E Form must show the actual departure date and return dates and times separating the official and personal travel. The traveler may claim one travel day before the business event and one travel day after the business event. The T&E Form must indicate the dates and times the traveler went "off official business" and "back on official business." Expenses incurred while on personal time will not be reimbursed by UMSA.

# Travel Advances

Travel advances will be issued in the following circumstances:

- 1. The travel destination is to a remote area where credit cards are not accepted.
- 2. The traveler has been denied a credit card.
- 3. The travel poses a financial hardship to the traveler.

When requesting a travel advance, the traveler must estimate what the total cost of the trip is going to be and will be advanced 80% of the total expected expenditures utilizing the Travel Authorization Request in Coda (TAR) **no more than 30 days before the date of travel**. When the travel period has ended, the traveler must complete and sign a T&E Form for the travel period an advance was received. If total expenditures exceeded the amount advanced, then the traveler will receive the difference of what the total expenditures were less the previous amount advanced. If the total amount of expenditures were less than the total amount advanced, the traveler must refund the amount of advance greater than the total expenditures to UMSA.

The traveler has **sixty (60)** calendar days from the travel completion date to submit an accurate accounting of the travel expenditures. If the travel accounting and request for reimbursement is submitted more than sixty (60) calendar days after the last day of travel, the reimbursement will be includable in an employee's gross income, reported as wages on Form W-2 and subject to withholding and payment of employment taxes in accordance with IRS guidelines.

A traveler cannot have a travel advance outstanding for more than one trip at any time without written justification of circumstances that necessitate an exception to this restriction.

# Proof of Payment

When reimbursing individuals for expenses paid out-of-pocket, clear and evident proof of payment **made by the individual requesting reimbursement** is required. All documents used to prove payment must be in the **name of the Traveler**. Acceptable documents for Proof of Payment are as follows:

- A. Copy of credit card receipt or credit card statement.
- B. Copy of front and back of canceled check, or bank statement showing cleared check.
- C. Original invoice with zero balance.
- D. Original cash register receipt or other receipt.
- E. Formal acknowledgment or receipt of payment by payee \*\*

<sup>\*\*</sup>To be used only if none of the other above forms of backup is available.

## Personal Car Use:

A traveler may use his/her own automobile when it is in the best interest of the Company. The traveler is authorized to claim mileage from the official business location or home of the traveler.

UMSA authorizes reimbursement to the traveler for the official map mileage between cities and/or to the airport pursuant to current IRS rates (<a href="www.irs.gov">www.irs.gov</a>) on date of travel. UMSA will also reimburse mileage if we are asking a staff member to travel back and forth to multiple campuses during the day; however, not for their travel to and from their home.

- Mileage will not be authorized or reimbursed for a trip from home to worksite, or worksite to home, regardless when going to or coming from the employee's primary worksite.
- Round-trip mileage will be available and reimbursed for employees who start and end the work day at one campus but must travel to and from an alternate campus during the work day.
- One-way mileage will be available and reimbursed for employees who start the work day at one campus and end it at the other campus.
- UMSA management employees (and USF Healthcare APP staff, faculty, and physicians) are not eligible for mileage between North and South campuses.
- Mileage between all other clinical locations will be reimbursed.
- USF Healthcare physicians and staff traveling between the North and South campuses for services
  provided under a medical contract or grant shall be reimbursed for that mileage provided that
  funding available from such contract or grant source permits such reimbursement.
  Reimbursement requests must be applied to the applicable contract or grant number upon request
  of such disbursement.
- Employees working from home permanently for business purposes will not be reimbursed mileage
  from their home to a workplace on any given day. However, if they travel to a second worksite in
  the same day, they will be reimbursed for mileage in excess of the round trip from home to first
  work place.

Cost of operation, maintenance and ownership of a vehicle is the responsibility of the traveler. UMSA is not authorized to reimburse a traveler for repairs, fines for violations of the law, or other related costs incurred while traveling on official business of the Company.

All travel connected with official business of the Company *must be by the most direct route*. If a person travels by an indirect route for convenience, the extra costs must be paid by the traveler. UMSA will authorize reimbursement only for those expenses that would have been incurred had the traveler used the most direct route. An exception to this rule is when the automobile is shared with other travelers resulting in savings to UMSA on airfare, or when the cost of renting an automobile in the city where business is conducted exceeds the mileage allowance claimed.

A Google map of the route including mileage must be printed and attached to the Travel & Entertainment form.

Travelers are not authorized to claim a mileage allowance when transported gratuitously by another person.

## **Registration Fees:**

A registration fee to attend a conference, convention or any other event is frequently required prior to the date of the event. Registration fees may be paid directly to the organization sponsoring the conference or convention by UMSA or the traveler. **The cost of the registration fee must be included on the T&E Form submitted upon completion of the trip**. A copy of the full agenda for the conference **must** also be provided. If the registration fee was paid directly by UMSA, this fact must be indicated at the bottom of the T&E Form and deducted from the reimbursement total. The receipt and proof of payment by the Company or traveler must be attached to the T&E Form when requesting reimbursement.

Optional entertainment included on the registration form is a personal expense and will not be reimbursed by UMSA.

#### Overnight business travel expenses:

Airfare is to be purchased through AAA/Concur. Airfare should be purchased at least 2 weeks prior to travel and no more than 3 months prior to travel. Airfare purchased outside of AAA/Concur must be at a lower price than Airfare through AAA/Concur and documentation must be supplied showing the lower price compared to AAA/Concur. Any airfare not purchased through AAA/Concur for any other reason must be approved by the Director of Finance before purchasing airfare outside of AAA/Concur. For travelers traveling by domestic flights, UMSA will only reimburse for economy class tickets for flights lasting less than four (4) hours and, may, in the discretion of the UMSA CEO or CFO reimburse for business select tickets on flights lasting more than four (4) hours. Layovers or non-direct flights are not included in the four-hour calculation. For international flights, a business select ticket may be reimbursed at the discretion of UMSA CEO or CFO.

**Expenses reimbursable prior to travel date:** [Each travel expense reimbursed prior to travel must be included on the T&E Form submitted upon completion of the trip.]

#### **Lodging deposits:**

UMSA will reimburse the traveler all hotel deposits prior to travel if such deposit is required to secure lodging accommodations reserved in advance at reasonably priced facilities. When attending a conference, convention or professional meeting, the traveler should utilize the lodging facility recommended in the meeting package information wherever possible. The traveler's personal credit card should be used when making a reservation with a lodging facility.

#### **Expenses reimbursable after the travel date:**

#### Lodging:

Lodging accommodations should be reserved in advance at reasonably priced facilities. When attending a conference, the traveler should utilize the conference hotel and the reimbursement will be paid at the conference rate. Lodging accommodations as part of a conference, convention or professional meeting are reimbursable at actual cost to the traveler. No lodging rates outside of the conference preferred accommodations will be reimbursed beyond \$250 per night, this includes taxes and fees.

UMSA will reimburse the traveler at the rate of single occupancy only, unless the room is shared with another traveler on UMSA business. When a hotel room is shared by multiple travelers on official Company business and the bill is paid by one of the travelers, then the traveler paying the bill may request

reimbursement for the total amount of the bill. When multiple travelers on Company business have separate rooms and one traveler pays the hotel bill for all, then the traveler paying the hotel bill may request reimbursement for the total amount of the bill. The traveler whose hotel is being paid must state on their travel expense report "My hotel room was paid for by \_\_\_\_\_." If two travelers share a hotel room and pay their portion of the bill, then each traveler may claim one-half of the hotel bill on his/her T&E Form.

# A traveler may not claim reimbursement for lodging for overnight travel within 50 miles of his/her headquarters or residence.

Travelers will not be reimbursed for additional charges related to spouses, family, friends, etc. staying with the traveler during a particular stay. In addition, incidental charges such as movies, alcohol bars, etc. charged to the traveler's room will not be reimbursed.

Backup documentation that needs to be provided in order for a reimbursement to be made is the hotel bill that reflects <u>payment made</u> by the <u>traveler</u> requesting reimbursement and thus results in a zero balance. If the bill does not reflect who the payment was made by, a copy of the traveler's charge slip, cancelled check or charge card statement will be required in addition to the hotel bill.

The traveler is responsible for canceling hotel reservations when a trip is cancelled or the dates change. The traveler is personally liable to the hotel for any charges or penalties resulting from failure to give proper notice of cancellation.

#### Per Diem - Meals:

# Meal Per Diem Rates for Domestic Travel:

Domestic travelers will be paid meal allowances pursuant to current per diem rates for the specific travel city as stated on the GSA website (<a href="www.gsa.gov">www.gsa.gov</a>). Travel to Non-contiguous states (Hawaii and Alaska) and US Possession (Puerto Rico and the Virgin Islands) destinations will be paid meal allowances pursuant to and in the same manner and under the same rates as domestic travel. Per the GSA website, only 75% will be paid on the first and last day of travel. Any meals provided to the Traveler via a paid registration fee will be deducted from the daily Per Diem amount.

#### Meal Per Diem Rates for International Travel:

International Foreign travel (such as Canada and abroad) will be paid pursuant to allowances provided by the <u>GSA</u> (<u>www.gsa.gov</u>) for specific city. The GSA printout must be attached to the T&E form. Any meals provided to the Traveler via a paid registration fee will be deducted from the daily Per Diem amount.

#### Personal Cars Use:

A traveler may use his/her own automobile when it is in the best interest of the Company. The traveler is authorized to claim mileage from the official Company headquarters or home of the traveler.

UMSA authorizes reimbursement to the traveler for the official map mileage between cities and to the airport pursuant to current IRS rates (<a href="www.irs.gov">www.irs.gov</a>) on date of travel. UMSA will reimburse the lesser of the mileage or the airfare if it had been purchased on the same date. A map showing the amount of miles must be provided along with estimated cost of airfare.

Cost of operation, maintenance and ownership of a vehicle is the responsibility of the traveler. UMSA is not authorized to reimburse a traveler for repairs, fines for violations of the law, or other related costs incurred while traveling on official business of the Company.

All travel connected with official business of the Company *must be by the most direct route*. If a person travels by an indirect route for convenience, the extra costs must be paid by the traveler. UMSA will authorize reimbursement only for those expenses that would have been incurred had the traveler used the most direct route. An exception to this rule is when the automobile is shared with other travelers resulting in savings to UMSA on airfare, or when the cost of renting an automobile in the city where business is conducted exceeds the mileage allowance claimed.

Travelers are not authorized to claim a mileage allowance when transported gratuitously by another person.

# Car Rental:

Reimbursement is limited to the cost of a compact or sub-compact car. An exception to the rule is allowed when the automobile is shared with other travelers on UMSA business, resulting in a cost savings to the organization. UMSA will allow for the reimbursement for rental cars used while on official Company business. The traveler must obtain the receipt from the car rental company at the time the car is returned. The receipt must be attached to the T&E Form submitted for reimbursement and is required even if the traveler did not pay directly for the car rental.

Gas receipts must be attached if the rental car is required to be returned at full gas capacity.

#### *Incidental Expense:*

Incidental expenses must be preapproved and included on the TAR in Coda and the T&E form.

The following incidental expenses **do not require** a receipt:

- Actual amount paid for mandatory valet parking not to exceed \$5 per occasion.
- Actual portage paid for luggage not to exceed \$1 per bag and \$5 per incident. Portage charges exceeding \$5 per incident will require additional justification. Examples of an incident are if the traveler's bags are taken into airport from vehicle, then are carried from airport to vehicle upon reaching destination, etc.
   The number of bags must be included on the travel reimbursement request.

The following incidentals **require a receipt** and information must be provided with the traveler's reimbursement request when claiming reimbursement:

- Receipts are required for all taxi fares regardless of dollar amount. Tips paid to taxi drivers must <u>not</u> <u>exceed 18 percent</u> of the taxi fare.
- Receipts related to lost keys or keys locked in a vehicle due to employee negligence are not reimbursable by UMSA. Also, limousine services should not be used instead of taxis unless it can be shown that it is the most economical method.

- Receipts for storage, parking fees or tolls in excess of \$25 on a per transaction basis unless it can be established that such method results in a savings to UMSA.
- Business telephone calls and computer usage will be reimbursed with supporting documentation and approval. In addition, the traveler must supply a statement that communication expenses were business related, including fax and photocopying charges, if incurred.
- Receipts for actual dry cleaning, laundry and pressing expenses when official travel extends beyond seven (7) days and such expenses are necessarily incurred to complete the official business portion of the trip.
- Hotel safe charges are reimbursable by UMSA only if the charges are mandatory by the hotel.
- Receipts for actual passport and visa fees required for official travel.
- Receipts for actual and necessary fees charged to purchase traveler's checks for official travel expenses.
- Receipts for actual fee charged to exchange currency necessary to pay official travel expenses. Currency
  conversion schedule must be included with the request for reimbursement.
- Receipts for actual costs of maps or printing/copying costs necessary for conducting official business.
- Receipts for actual expenses of other official travel expenses.

#### **Expenses Not Allowed**

The following list, which is not all-inclusive, represents some travel expenses that are not reimbursable through USF Travel:

- Alcoholic beverages
- Cancellation charges (unless justified)
- Cell Phone Expenses (unless on international travel)
- Childcare costs
- Expenses for non-business related activities such as sightseeing or entertainment
- Expenses incurred by spouse or family
- Extra baggage charges for personal items, i.e. golf clubs or skis
- House Hunting trips or expenses
- Late check-out fees or early check-in fees
- Laundry, cleaning, pressing expenses for trips of six days or less
- Lodging within 50 miles of headquarters or home (unless justified, with documented preapproval)
- Lost or stolen cash or personal property
- Mileage from home to headquarters or headquarters to home
- Moving expenses
- Parking expenses for individuals at USF facilities
- Pay-for-view movies in hotel/motel room
- Personal insurance on rental vehicles (unless on international travel)
- Personal phone calls, including calls home
- Pet care costs

- Personal plane use
- Extraneous rental car amenities
- Repairs, towing service, etc. for personal vehicles
- Room service
- Fees for the use of a hotel safe, unless mandatory by the hotel
- Supplies associated with the business activities of a trip costing more than \$100
- Traffic citations, parking tickets, and other fines
- Travel insurance
- Travel to certain foreign destinations designated "terrorist states," pursuant to Florida Statute 112.061 and designated by the U.S. Department of State

# **ATTACHMENTS:**

- 1) Travel Authorization Request (TAR) form optional, Coda TAR required
- 2) Travel Checklist required
- 3) Travel & Expense (T&E) form required

**AREAS OF RESPONSIBILITY FOR IMPLEMENTATION**. Any USF Health or UMSA employee asking to be reimbursed for travel using UMSA funds.

**RESPONSIBLE OFFICE:** The preceding was developed by Finance and Accounting. Any questions or concerns should be directed to the Chief Financial Officer at 813-974-0705.

USF HEALTH CARE/U	IMSA TRAVEL AUTI	<b>HORIZATION REQUES</b>	ST FORM (TAR)	Rev March 2019
		AR STREET	1	-0i
		TAR PREPARER NAME:		
VENDOR NUMBER:_		PHONE NO:		
DEPARTMENT NAME:		DIVISION NAME:		
SOURCE OF TRAVEL FUND(S): _		CAMPUS ADDRESS:		
	(ie. GME funds, For	undation funds, etc)		
UMSA/ASF EMPLOYEE:	YES	NO	]	
ACCOUNT CODE INFORMATION:	1			
(if split between cost centers)	2[			
	DIVISION#	D#	GRANT/CONTRACT#	
		(if applicable)	(if applicable)	
	From	То		
TRAVEL DATES:				
	Cost	Reimbursement Prior	<u>Advance</u>	
	Estimate	to Travel - Airfare (3	80% of	
		mths in adv), Hotel Deposit & Registration	Cost Estimate	n**
4105405		Deposit & Registration		
AIRFARE	<del></del>			
LODGING				
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REGISTRATION FEES	N. N		1 (2) 130 1	
OTHER EXPENSES			***	<b>S</b>
TOTAL		40.00		
IOIAL	\$0.00	\$0.00	\$0.00	l
DESTINATION:				
PURPOSE OF TRIP:				
CHECK ONE:	IN STATE	OUT OF STATE	FOREIGN	
BENEFIT TO USFHC/UMSA:	L	Select from the following lis	t by clicking on the button to	the right:
Other: _				
By my signature, I acknowledge th to satisfy this request for travel, a within 60 days of the event date. F event will void any travel reimburs	Travel Expense Report Failure to submit a TAR	(T&E) Form must be comp T&E and required origina	pleted and submitted to th	e USFHC Accounts Payable
TRAVELER SIGNATURE:				
TRAVELER TITLE:	-		DATE SIGNED:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DIVISION DIRECTOR SIGNATURE:	-			the section of the se
DIVISION DIRECTOR NAME (PRINT)	W 800 800		DATE SIGNED:	30
DEPT CHAIRMAN SIGNATURE:	***************************************			
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USF Health CFO SIGNATURE:				
USF Health CFO NAME (PRINT)	Richard J. Sobieray, U	SF Health CFO	DATE SIGNED.	
Sor House of Statute (Figure)			DATE SIGNED:	
INTERNATIONAL TRAVEL REQUIRE	S ADDITIONAL AUTHO	RIZATION BY MARK MOS	ELEY MD (USFHC-CMO)	
PLEASE SUBMIT TO BETSY WILLAR	RD FOR PROPER SIGNA	NTURE - bwillard@health.u	ısf.edu	
USFHC CCO SIGNATURE:				
All phospies Contributions of the Contribution	Mark G. Massley M.	Chief Medical Offices		
PRINT NAME:	Mark G. Moseley MD,	DATE SIGNED:		

# **Travel Checklist**

Vendor #	Traveler Name		Travel Order #
	ence Title		
The same of the sa	nitial next to all that apply**	Signatures Required	
Attach this	form and original travel document(s) to the T&E	(See Signature Authorization Policy)	
Administrative		Authorization Policy)	
	Date-Enter TAR/ChairTAR in CODA		
Traveler	Date-Enter TAN Chair TAR III CODA		
Administrato	r/Director		
Chairperson	TD II COLO		
VP Dean (if 0	Chairperson)		
	Date-Raise TravelOrder/ChairTravel		
Traveler			
Supervisor (\	/P Dean, if Traveler is Chairperson)		
	Request (60 days from last date of the conference)		
> 60 DAYS = CFO ap			
International Travel	- prior CFO or CEO approval required		
****	-idial	Original Invoice	Proof of Payment
	nitial next to all that apply** form and original travel document(s)	/Receipts	(Credit card
Attach this	to the T&E	(includes internet/	statement, canceled
70. 10		email receipts)	check, etc)
	nents: include all relevant travel components on T	&E form – Use section near 1	T&E form total to subtract
	bursed in advance to the travel date		
	ould include dates of meeting, hotel reference,		
details of conference of			
Charles and Comment of the Comment o	t registration page stating items included required even if hotel was pre-paid		
	e rate not to exceed \$250/night		
	MUST be business related		
Per Diem Meals:	moor oo ousmoos related		
Destination (provide i	info below)		
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City/State			
Provide Per Diem rate	e below: h Dinner Incid		
First Day/Last Day Tr			
	valid business justification		
THE PARTY SEASON SEASON SERVICE SEASON CONTRACTOR	act rate only – Gas receipts required		
	de map (MapQuest) with total mileage distance		,
and the second of the second o	home/destination vs. work/destination		
-Current IRS rate (201	9-\$0.58)		
Incidentals - Origina	l receipts required:		
-Taxi Cab/Bus/Shutt	le including reasonable tips		
		I.	
-Parking fees			
-Spa or Safe - is char	ge mandatory?		
	ge mandatory?		
-Spa or Safe - is char	ge mandatory?		
-Spa or Safe – is char Other (please list):	ge mandatory?	Date:	

# UMSA TRAVEL & EXPENSE REPORT (T&E) This form and applicate receipts and documentation must be submitted within the applicable time limits per UMSA Travel Policy.

						-				DIVISION#		10 NAT				
ENTITY PREPARER NAME			_	VENDOR#						D# (if applicable) GRANT/			•	PO#		
				TRAVELER NAME &						CONTRACT#						
	PREPARER PHONE #		- REMIT	TO ADDRESS					•	(if applicable)				(alph	a-numeric)	
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(one date per line)	Travel Performed from Point of	Purpose of Travel/Expense	Time of	Time of		DIEM OR A					Mileage		Ī		er Expenses	
Date	Origin to Destination (i.e. Airfare, Taxi)	(i.e. Name of Conference, reimbursement purpose)	Departure	Return	Breakfast	Lunch	Dinner	Registration	Airfare	Lodging	Claimed	Rental Car	Parking	Amount	Туре	
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necessary travel ar	nd/or expenses in the performance of my of	s travel and that the above expenses were actually inclinial duties. I further certify that my attendance at the	he reference	d conference				Registration	Airfare	Lodging	Mileage \$0.580	Rental Car	Parking	Other	SUMMARY TOTAL	
or convention was directly related to my official duties of the organization, any meals or lodging included in a conference or convention registration fee have been deducted from this request for reimbursement and that this claim is materially true and correct. I also														ĺ		
understand that it is my responsibility to provide all receipts including proof of personal payment and related documentation in support of the travel & expense report and any failure to do so could result in a delay or denial of reimbursement.																
are naver at expense report and any initial e to do so could result in a delay of deman of retinoursement.						umn Totals	-	-	-	-		141		-	\$ -	
													LESS ADVA	NCE RECEIVED	s -	
										29		LESS UMSA	OTHER INS	TITUTIONS PAID CHARGES		
														100	\$ -	
TRA VELER/REIMBURSEE SIGNATURE Date												* If nogative, tr		MOUNT DUE*		
By signing below, you are acknowledging that you have reviewed the travel expense report and certify that the travel expenses incurred are in support of the overall											10	n nogauve, u	aveler owes	UMSA		
mission of USFHC/UMSA. Your signature authorizes the reimbursement of the above detailed expenses.																
							-									
SUPERVISOR SIG	GNATURE	SUPERVISOR NAME (PRINTED)				Date										