

# A Travel Reimbursement: From Start To Finish



# Purpose of Educational Funds

- The purpose of educational funds are to support resident education.
- This includes travel costs for residents to present their research at conferences.



# Process Overview

- A Pre-Approval form is submitted to the GME office.
- After GME approves, the signed pre-approval will be sent back to the preparer. It is the preparer's responsibility to forward the signed pre-approval to his or her department CODA person to generate the TAR number for the resident/fellow to book his or her airfare through the AAA website. Residents and fellows must turn in all paperwork/receipts to their coordinator for reimbursement no later than 45 days from the last day of his or her trip.
- Coordinator sends original receipts and paperwork to the department CODA person (Keep a copy for your records)
- Paperwork is scanned and entered into CODA, the accounting software, where it goes through an online approval process.
- Travel package is sent to the UMSA Accounts Payable department for payment.
- A check is mailed to the address the resident provided on the T&E form.

# Pre-Approval

- ALL expenses must be pre-approved by Dr. Mai or Brad.
- Requests for travel should be submitted at least 30 days prior to the trip.
- Please allow at least a one week window before checking to see if trip/item has been pre-approved.
- International travel limited to only Canada for US-based groups. In addition to GME approval, it also requires UMSA CCO approval prior to trip.

# Pre-Approval Form

<b>Pre-Authorization Only/ Payments Require:</b>		<b>Graduate Medical Education</b> Pre-Approval (TAR) Form			<b>GME Office Use Only</b>	
1. GME Pre-Approval (TAR) 2. T&E Form (If reimbursing individuals) Resident/Faculty/Staff/Others					Received	
					Control #	
<b>Date:</b>		<b>Program Name</b>			<b>ID #</b>	
The use of all education funds must be approved by the Graduate Medical Education Office. The purpose of the fund is to improve the quality of the education in relationship to the program. It is not intended for the individual resident.						
<b>Item to be purchased &amp; travel:</b> This request is an estimate. Please attach conference agenda/and or poster acceptance to this TAR. If you have any questions please contact Aiyng Zhen at azhen2@health.usf.edu						
<b>Item Description</b>		<b>Price</b>	<b>Quantity</b>	<b>Total Cost</b>	<b>Conference Information</b>	
				\$0.00	<b>Dates (Start / End)</b>	
				\$0.00	<b>Destination (City/State)</b>	
				\$0.00	<b>Conference Title</b>	
				\$0.00	<b>Name</b>	
				\$0.00	<b>Title</b>	
				\$0.00	<b>Cell #</b>	
				\$0.00	<b>Email</b>	
				\$0.00	<b>Signature</b>	
			<b>Total</b>	<b>\$0.00</b>		
<b>Vendor</b>	<b>Name:</b>				<b>Phone</b>	
	<b>Address:</b>				<b>E-mail</b>	
	<b>City/State/Zi</b>				<b>Vendor #</b>	
Please provide a brief summary defining the educational rationale for this request:					Check if the expense is Taxable	<input type="checkbox"/>
<b>Program Director's Signature Approval</b>		<b>PC or Preparer</b>		<b>PC Phone</b>		
		<b>Email</b>		<b>Mail Stop</b>		
<b>SEND FORM TO GME OFFICE - 17 Davis Blvd., Suite 308 - ATTN: Aiyng Zhen</b>						
<b>**Graduate Medical Education Office Use Only **</b>					<b>NOTES</b>	
<b>Signature</b>				International Travel Requires CEO Approval PRIOR to trip		
	Brad Clark, GME Director	Approved Yes/ No	<b>Date</b>			
					Mark Moseley, UMSA CCO	

# Be Sure to Include:

1. Date
2. Name of Program
3. Itemized List of Expenses
4. Estimated Price of Expenses
5. Conference Information (dates, location, name)
6. Traveler Information (include CURRENT address)
7. Traveler Signature
8. Reason for Travel
9. Program Director's Signature
10. Preparer's Info

# New Vendors/Changed Address

- If a traveler or company is new to UMSA, or has not been paid within the past 12 months, they need to turn in a completed W9 in order to be added to CODA.

- If a traveler changed his or her address, please info the department CODA person to submit a request to have the new address updated in the system.

**W-9**  
Form (Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:  Individual/sole proprietor  Corporation  Partnership  Exempt payee  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

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**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

**OR**

**Employer identification number**

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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** Signature of U.S. person ▶ Date ▶

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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Cat. No. 10231X Form **W-9** (Rev. 10-2007)

# Return from Conference

- The following information should be supplied to the coordinator upon return:
  1. Signed travel forms (Pre-Approval and T&E)
  2. Conference Agenda
  2. Original receipts and/or proof of payment for any travel expenses
    - *Hotel*
    - *Airfare (to be deducted from the approved limit)*
    - *Baggage fee*
    - *Registration*
    - *Taxi cab*
    - *Parking*
    - *Mileage (must include MapQuest)*



# Signed Travel Forms

- There are a total of 2 forms that need to go along with the “travel package”
  - 1. Pre-Approval
  - 2. T & E





# Meals/Per Diem

- The per-diem rate is the IRS per diem rate and is based upon the conference destination.
- Per diem must be reduced by the amount of any meals provided at conference (even if they did not attend)
- The per-diem should be broken down by day and meal.
- Meal receipts are not necessary, use per diem rate instead.

For travel days, it depends upon the time of departure.

- *Breakfast* – travel begins before 6am and extends beyond 8am
- *Lunch* – travel begins before 12noon and extends beyond 2pm
- *Dinner* – travel begins before 6pm and extends beyond 8pm, or when travel occurs during night hours due to special assignment



# Calculating Per Diem:

- Go to [www.gsa.gov](http://www.gsa.gov) and click on the line on the left “Per Diem Rates”
- Click on the state of the travel destination
- Enter the City name. It is optional. Click Next. Then Click Look Up Rates

Per Diem	Meals & IE	Airfares	Hotels	POV Mileage
<b>1</b> Choose a Location or <a href="#">Use the Old Rate Look Up</a>				
<input type="button" value="Use Your Current Location"/>				
_____ or _____				
<b>State</b>		<b>City (Optional)</b>		
<input type="text" value="California"/>		<input type="text" value="San Francisco"/>		
_____ or _____				
<b>ZIP</b>				
<input type="text"/>				
<input type="button" value="Reset"/>			<input type="button" value="Next"/>	

# Meals/Per Diem

The Breakdown of Meals and Incidental Expenses chart below gives you a breakdown per meal.



## Meals & Incidentals (M&IE) Breakdown <sup>i</sup>

Use this table to find the following information for federal employee travel:

**M&IE Total** - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

**Breakfast, lunch, dinner, incidentals** - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. [See More Information](#)

**First & last day of travel** - amount received on the first and last day of travel and equals 75% of total M&IE.

Search:

Primary Destination <sup>i</sup>	County <sup>i</sup>	M&IE Total	Continental Breakfast/ Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel <sup>i</sup>
San Francisco	San Francisco	\$76	\$18	\$19	\$34	\$5	\$57.00

Showing 1 to 1 of 1 entries

San Francisco, CA breaks down to \$18 for breakfast, \$19 for lunch and \$34 for dinner. Enter these amounts on the T & E by day.

# Subtracting for Meals Provided

Attached is the "At-a-Glance Schedule. This is used to determine the per diem. Every travel reimbursement MUST have a conference schedule.

## Schedule at a Glance

FRIDAY October 15	SATURDAY October 16	SUNDAY October 17	MONDAY October 18
Registration 5:30 am - 8:00 pm	Continental Breakfast 7:00 am - 7:45 am	Continental Breakfast 7:00 am - 7:45 am	Registration 6:00 am - 5:45 pm
Continental Breakfast 6:30 am - 8:00 am	Registration 7:00 am - 5:15 pm	Registration 7:00 am - 6:30 pm	Optional Breakfast Sessions (ticket required) 6:30 am - 8:00 am
GI Pathology & Imaging Course 7:00 am - 12:35 pm	Postgraduate Course 7:30 am - 5:00 pm	Postgraduate Course 7:50 am - 5:00 pm	GI Mid-level Providers Breakfast (ticket required) 6:30 am - 8:00 am
ASGE-Sponsored Endoscopy Course 7:55 am - 5:15 pm	Auxiliary Registration/Hospitality Suite 8:00 am - 12:00 noon	Auxiliary Registration/Hospitality Suite 8:00 am - 12:00 noon	Annual Meeting 7:50 am - 5:45 pm
Practice Management Course 8:00 am - 5:00 pm	ACG Store 8:00 am - 5:15 pm	ACG Store 8:00 am - 5:15 pm	Auxiliary Registration/Hospitality Suite 8:00 am - 12:00 noon
What's New in GI Pharmacology Course 1:45 pm - 5:00 pm	David Sun Lecture 10:00 am - 10:30 am	Optional Learning Luncheons (ticket required) 12:20 pm - 1:35 pm	ACG Store 8:00 am - 5:30 pm
ACG Store 2:00 pm - 6:00 pm	Optional Learning Luncheons (ticket required) 12:20 pm - 1:35 pm	Trainees Luncheon (ticket required) 12:20 pm - 1:35 pm	Presidential Address 9:00 am - 9:25 am
Networking, Negotiating and Leadership Skills Workshop 4:00 pm - 8:00 pm	Career Opportunities for Women in GI Luncheon (ticket required) 12:20 pm - 1:35 pm	GI Mid-level Providers Luncheon (ticket required) 12:20 pm - 1:35 pm	Exhibit Hall 10:00 am - 4:30 pm
Recertification Preparation and Update Course 5:30 pm - 9:00 pm	GI Jeopardy 5:15 pm - 7:00 pm	Exhibit Hall Opens 3:30 pm - 7:00 pm	Hands-on Workshop Center (NEW) 10:00 am - 4:30 pm
		Hands-on Workshop Center (NEW) 3:30 pm - 7:00 pm	Job Forum 10:00 am - 4:30 pm
		Job Forum 3:30 pm - 7:00 pm	Poster Sessions 10:30 am - 4:00 pm
		Poster Sessions 3:30 pm - 7:00 pm	Exhibitor Theater/FAQ Theater 12:45 pm - 1:15 pm
		Exhibitor Theater/FAQ Theater 5:00 pm - 5:30 pm	Lunch Break 12:45 pm - 2:15 pm
		Trainees' Forum 5:15 pm - 7:00 pm	Exhibitor Theater/FAQ Theater 1:30 pm - 2:00 pm
		Exhibitor Theater/FAQ Theater 6:00 pm - 6:30 pm	<i>The American Journal of Gastroenterology</i> Lecture 3:05 pm - 3:35 pm
		International Attendee Reception 6:00 pm - 7:00 pm	ACG Business Meeting 5:45 pm - 6:15 pm
		Women and Minorities in GI Reception 6:00 pm - 7:00 pm	President's Reception 6:15 pm - 7:45 pm
		Alumni Receptions 6:00 pm - 7:00 pm	



# Subtracting for Meals Provided

- Highlight any meals that were provided at the conference.
- Look for the keywords “Reception” this indicates a meal was provided.
- Note any events where an additional fee is required do not reduce the per diem

## Schedule at a Glance

FRIDAY October 15	SATURDAY October 16	SUNDAY October 17	MONDAY October 18
Registration 5:30 am - 8:00 pm	<b>Continental Breakfast</b> 7:00 am - 7:45 am	<b>Continental Breakfast</b> 7:00 am - 7:45 am	Registration 6:00 am - 5:45 pm
<b>Continental Breakfast</b> 6:30 am - 8:00 am	Registration 7:00 am - 5:15 pm	Registration 7:00 am - 6:30 pm	<b>Optional Breakfast Sessions</b> (ticket required) 6:30 am - 8:00 am
GI Pathology & Imaging Course 7:00 am - 12:35 pm	Postgraduate Course 7:50 am - 5:00 pm	Postgraduate Course 7:50 am - 5:00 pm	<b>GI Mid-level Providers Breakfast</b> (ticket required) 6:30 am - 8:00 am
ASGE-Sponsored Endoscopy Course 7:55 am - 5:15 pm	Auxiliary Registration/Hospitality Suite 8:00 am - 12:00 noon	Auxiliary Registration/Hospitality Suite 8:00 am - 12:00 noon	<b>Annual Meeting</b> 7:50 am - 5:45 pm
Practice Management Course 8:00 am - 5:00 pm	ACG Store 8:00 am - 5:15 pm	ACG Store 8:00 am - 5:15 pm	Auxiliary Registration/Hospitality Suite 8:00 am - 12:00 noon
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		<b>Women and Minorities in GI Reception</b> 6:00 pm - 7:00 pm	<b>President's Reception</b> 6:15 pm - 7:45 pm
		<b>Alumni Receptions</b> 6:00 pm - 7:00 pm	



# Subtracting for Meals Provided

- Use the agenda to complete the per diem on the T & E listing each meal separately. For our example, if the traveler left Tampa at 2:00 pm on 10/14 and returned at 3:00 pm on 10/19, the per diem would look like this:

(one date per line) Date	Travel Performed from Point of Origin to Destination (i.e. Airfare, Taxi)	Purpose of Travel/Expense (i.e. Name of Conference, reimbursement purpose)	Time of Departure	Time of Return	PER DIEM OR ACTUAL		
					Breakfast	Lunch	Dinner
10/14/18	ACG Conference	San Francisco, CA	2:00 PM				34.00
10/15/18					x	19.00	34.00
10/16/18					x	19.00	x
10/17/18					x	19.00	34.00
10/18/18					18.00	19.00	x
10/19/18	Return to Tampa			3:00 PM	18.00	19.00	
I hereby certify or affirm that my supervisor has approved this travel and that the above expenses were actually incurred by me as necessary travel and/or expenses in the performance of my official duties. I further certify that my attendance at the referenced conference 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 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.							
					Column Totals		233.00





# Receipts and 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.**”

- Original receipts are required
- Receipts must show both WHO and HOW paid

This receipt only shows paid. It does not show WHO paid or HOW it was paid, so the traveler will need to submit further proof of payment, such as a cancelled check or copy of their credit card statement

ASH 52nd Annual Meeting and Exposition  
December 4-7, 2010  
Orlando, Florida

*Official Receipt*

Tampa, FL 33647

**Events**

Annual Meeting Sessions on DVD - Complete Annual Meeting	\$20.00
Registration Fee	\$95.00

**Payment Summary**

Total Amount Due:	\$115.00
Total Amount Paid:	\$115.00
Balance Due:	\$0.00

**Program Distribution Counter**

Please present enclosed Meeting Materials Coupon along with your name badge at the Program Distribution Counter in order to retrieve your name badge holder and meeting materials.

**NEEDS FURTHER PROOF**

# Hotel Expense

- Original itemized receipt required. The hotel bill needs to show a payment made by the traveler resulting in a zero balance.


*•The example to the right does NOT show a \$0 balance so the traveler must also supply proof of payment such as credit card statement.*

- Subtract any room service charges

- The maximum rate is \$250 per night unless it is the Conference hotel

- Traveler is only allowed 1 day prior to conference

- Local hotel not reimbursable. Must be farther than 50 miles from USF



Hyatt Regency Grand Cypress  
One Grand Cypress Boulevard  
Orlando, FL 32836  
Tel: 407-239-1234  
Fax: 407-239-3900  
grandcypress.hyatt.com

INFORMATION INVOICE

Payee [REDACTED]

Membership [REDACTED]  
Bonus Code [REDACTED]  
Confirmation No. [REDACTED]  
Group Name AM Society of Hematology

Room No. [REDACTED]  
Arrival 12-03-10  
Departure 12-07-10  
Page No. 2 of 2  
Folio Window 1  
Folio Invoice

Date	Description	Charges	Credits
	No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT, or visit www.GoldPassport.com.	Total 1,230.50	0.00
	Balance	1,230.50	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Thank you for choosing the Hyatt Regency Grand Cypress! In order to make our resort the best it can be, we are open to any comments you may have. Please feel free to contact Martin Simon by phone at 407.239.3902 or email martin.simon@hyatt.com

For questions concerning your bill, call 405.912.4119, or email us at customer.service@hyatt.com

Please remit payment to:  
PO Box 342229  
Dallas, TX 75284

Lost & Found: 407.239.1234 ext. 4000 or mila.bryce@hyatt.com  
Quality Assurance: quality.vista@hyatt.com

NEEDS FURTHER PROOF

# Airfare

Travelers must book their airfare through the AAA website starting July 1, 2012 by using the four digit TAR number and the four digit department code assigned in CODA. Traveler must provide a copy of the email receipt with the amount from AAA to be deducted from the approved amount of the trip.



# Other expenses

Taxi cab- Original receipts required for all taxi fares. Tip should not exceed 15%

Parking- Original receipts required

Mileage- A map-quest printout showing the number of miles between locations. The current mileage rate is \$.545 per mile.



# Finally...

- The traveler has 45 days from the last day of his or her trip to submit their paperwork.
- The maximum allow per trip a traveler can receive is \$2,000.
- It takes several weeks for a reimbursement to be issued. Any incomplete forms will result in further delays.



# Final Thoughts...

- Remember the purpose of the funds are to support resident education.
- Also keep in mind that these are government funds, so they take a while to process due to auditing & accounting requirements. Please be patient.
- Thank you!!

