



**Region 7 Healthcare Coalition
Travel & Expense Reimbursement
BP1S FY 2018 - 2019**

Instructions

1. Please fill out section 1 completely. Your Mailing address is where we will mail your reimbursement check. Mileage is based on round trip distance between your Agency and the location of the event. Include your contact info in case we need to contact you about your reimbursement documents. Purpose of trip is the actual Event Name.
2. If applicable to this event only, please collect all receipts for expenses you incurred. If you are unsure of what expenses are reimbursable, please ask Region 7 staff for clarification. ALL RECEIPTS MUST BE ITEMIZED or the expense will not be reimbursed. This means all food and beverage purchased must be on the receipt, including your method of payment, and a zero balance to show your purchase has been paid for. Alcohol will not be reimbursed. Hotel receipts MUST BE ITEMIZED as well. This means the receipt must show a line for every night of lodging. It must show method of payment and a zero balance.
3. Please write all dates you attended the event in the date field. Below each date, please fill in the boxes with your respective expenses. All expenses are calculated automatically across the sheet (if using the excel file. PDF files do not calculate.) Your hotel expense only needs to be reported as the total for your stay. Your mileage is calculated as the distance from your place of work, to the event, and back to your place of work, multiplied by the current reimbursement rate (noted in the mileage section). If you do not know the reimbursable value for your mileage, you may leave it blank. It is a requirement for us to print off Google Maps for your trip and to use the amount of mileage Google stipulates. In the space provided, please explain any miscellaneous/unusual/incidental items. Your totals from across the sheet, hotel, and mileage will all be calculated down the sheet on the right (unless you are using the PDF version).
4. Return your reimbursement and ALL required documentation within 30 days of the event to Region 7. Reimbursements will not be processed without required documentation. For most events, the following documents are required for reimbursement: Region 7 HCC Reimbursement Form (this form), Proof of Attendance (via your signature on our sign in sheet and/or your course/event certificate), ITEMIZED receipts for all incurred expenses (if those expenses are reimbursable as stipulated in the event informational flyer). Your signature on this form shows that you agree that you will not seek reimbursement elsewhere if you are seeking reimbursement through Region 7 HCC and that all documentation has been included with this form.

Please note: Reimbursements can take 5-10 business days to process internally, depending on the number of reimbursements submitted. Once your reimbursement has been processed by the Region 7 office, please expect 3-4 weeks to obtain your mailed reimbursement check. In certain situations, the reimbursement process may be extended, in the case of the R7 Budget Period coming to a close. In those instances, please expect a slight delay in processing.

We thank you for your participation and invite any questions or concerns.

Section 1

Payee Name:		Date:
Mailing address: (for reimbursement check)		
Agency Name:		
Agency Address:		
Phone #:		
Email Address:		
Purpose of Trip/Name of Event:		

<p><i>Would you like to be added to our Weekly Newsletter mailing list? We send out news, resources, and event information. (Please circle one.)</i></p>	Yes	No
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Section 2

ATTACH ITEMIZED RECEIPTS FOR REIMBURSEMENT.
 RECEIPTS FOR MEALS MUST **CLEARLY INDICATE THE FOOD ITEM(S) PURCHASED, INCLUDING THE DATE AND TIME.**
 MEAL PURCHASES, WITH TIP, ARE NOT TO EXCEED THE AMOUNTS INDICATED IN EVENT ADVERTISEMENT OR LOCAL GSA IF NOT
 INDICATED ON ADVERTISEMENTS.

Section 3

Travel Expense Report Total

(Record only items to be reimbursed and include receipts.)

<u>Date</u>					<u>Total</u>
<u>Meals</u>	<u>Brkfst</u>				\$0.00
	<u>Lunch</u>				\$0.00
	<u>Dinner</u>				\$0.00
<u>Other</u>	<u>Tips</u>				\$0.00
	<u>Fares</u>				\$0.00
	<u>Phone</u>				
	<u>Tolls, hwy</u>				\$0.00
	<u>Park</u>				\$0.00
	<u>Misc Items</u>				\$0.00
	Describe*				\$0.00
	<u>Hotel</u> (attach receipts)				

**HOTEL ROOM RATES ARE NOT TO EXCEED THE LOCAL GSA RATE PLUS LOCAL TAXES, UNLESS OTHERWISE APPROVED IN ADVANCE BY REGION 7 HCC.
 TO FIND GSA RATES FOR THE LOCATION OF YOUR EVENT, GO TO GSA.GOV.**

Transportation, Personal Auto: miles @ \$0.58 per mile* \$0.00
 * effective 01/01/2019

* explain unusual items:

 Grand Total \$0.00

Section 4

SEND ALL TO THE FOLLOWING:
 Region 7, 80 Livingston Blvd, Ste. 106, Gaylord, MI 49735 -OR- FAX: 989-748-4980 - OR - EMAIL: arc@mir7hcc.com

I hereby attest that expenses were incurred as described above. When requesting personal reimbursement for travel, I will not seek separate reimbursement from another agency.

Signature:

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