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| Fallbrook Regional Health District | Policy #2030 | Page 1 of 1 |
| | Title: Travel and Business-Related Expenses | |
| Human Resources Policies and Procedures | Latest Revision Date: 5/22/2018 | |

Travel and Business-Related Expenses

Travel and Business-Related Expenses

Employees and Volunteers of the Fallbrook Regional Health District (“FRHD”) are entitled to reimbursement for actual and necessary expenses incurred in the performance of official business, including expenses relating to driving on Foundation business (mileage), travel, meals, lodging and other actual and necessary expenses incurred in the performance of official business and attendance at meetings and conferences on behalf of FRHD. Mileage shall be reimbursed in accordance with IRS regulations and lodging expenses shall not exceed the maximum group rate published by the conference or activity sponsor or the governmental rate, if available.

- a) Requests for reimbursement for travel expenses or meals must be submitted to the CEO for approval on a FRHD-approved Expense Statement form. Receipts must be attached to the Expense Statement form.
- b) Mileage must be submitted to the CEO for approval on a FRHD -approved Mileage Reimbursement form. Mileage will be reimbursed at then-currently approved Internal Revenue Service rates.
- c) All travel by FRHD personnel on official business outside the County of Riverside will require approval in advance from the CEO. The FRHD will arrange and pay direct for airfare, lodging and conferences where practical
- d) Rental of automobiles for FRHD business must be approved in advance by the CEO.
- e) Expense Statement forms and Mileage Reimbursement forms must be submitted within 60 days from the date that the expense was incurred.

Attendees of events that are at the expense of FRHD may be required to provide brief reports on the events attended at the next regular meeting of the committee that the attendee is a member of or at the next Board of Directors meeting.



Travel Expense Statement

___ REQUEST FOR ADVANCE

___ REQUEST FOR REIMBURSEMENT

Name: _____

Mail to: _____

Position: _____

Purpose of Travel: _____

Destination: (city and state) _____

Function: _____

Dates: _____

| Date | Description | Hotel | Travel | Meals | Other | Total |
|------|-------------|-------|--------|-------|-------|-------|
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| Date: | Submitted by: | Sub Total | |
| Date: | Reviewed by: | - Advances | |
| Date: | Approved & Paid: | Total | |

NOTES: Mileage is reimbursed at \$0.58 per mile. Attach map with miles.