



**REGION 10 PIHP**

<b>SUBJECT</b> Board Member Per Diem & Travel Reimbursement	<b>CHAPTER</b> 01	<b>SECTION</b> 01	<b>SUBJECT</b> 02
<b>CHAPTER</b> Administration	<b>SECTION</b> Governance		
<b>WRITTEN BY</b> Lisa K. Morse	<b>REVIEWED BY</b> Robin Kalbfleisch		<b>AUTHORIZED BY</b> PIHP Board

**I. APPLICATION:**

- PIHP Board     CMH Providers     SUD Providers
- PIHP Staff     CMH Subcontractors

**II. POLICY STATEMENT:**

It shall be the policy of Region 10 that Board Members shall be compensated for their time and expenses regarding Board business (e.g. Board meetings, Special Committees/Advisory Council meetings, as assigned by the Board Chairman).

**III. DEFINITIONS:**

Per Diem: Per diem (per day) payments are authorized for in person attendance at any scheduled Board meeting, or its Special Committees/Advisory Council meetings, as assigned by the Board Chairman. Casual attendance by members at meetings other than those assigned are not eligible for a per diem.

Reimbursable Mileage: The actual miles from the Board member’s residence to location of the Board meeting/Special Committee/Advisory County meeting, or conference is held and the return to his/her home.

**IV. STANDARDS:**

- A. Registrations for conferences/seminars should be made through the Chief Executive Officer’s office in order to expedite and simplify the process and ensure the non-payment of sales taxes.
- B. Reimbursements for meals that are included in the cost of the conference, seminar or meeting shall not be subject to reimbursement. The current cap for meals is as follows: Breakfast: \$16.00; Lunch: \$20.00; Dinner: \$32.00. Original receipts are required.
- C. Board members are eligible for one per diem payment per day regardless of the number of meetings attended. The per diem to be paid shall be \$75.00 per day. Per diems are paid on a bi-

**REGION 10 PIHP**

<b>SUBJECT</b> Board Member Per Diem & Travel Reimbursement	<b>CHAPTER</b> 01	<b>SECTION</b> 01	<b>SUBJECT</b> 02
<b>CHAPTER</b> Administration	<b>SECTION</b> Governance		

weekly basis. Board members not wishing to receive a per diem must sign a “Waiver of Per Diem” form. Should the Board member wish to have his/her per diem reinstated, a letter must be submitted to the Chief Executive Officer’s office requesting such.

- D. Board members will receive a mileage allowance for travel. Mileage will be paid at the applicable IRS rate times the actual number of miles driven on a bi-weekly basis. Board members not wishing to receive mileage reimbursement must sign a “Waiver of Travel Reimbursement” form. Should the Board member wish to have his/her mileage reimbursement reinstated, a letter must be submitted to the Chief Executive Officer’s office requesting such.
- E. Travel (mileage) and business expenses for meetings, conferences, and seminars other than regular monthly Board meetings must be submitted on an Expense Voucher form. The date, activity, and actual number of miles driven must be included and the form submitted within 30 days of the event. Mileage and business expenses will be paid on a bi-weekly basis.
- F. Direct Deposit forms are required to be filled out by all Board members in order to receive reimbursement payments via electronic funds transfer.

V. **PROCEDURES:**

A. **CONFERENCE/SEMINAR REGISTRATION:**

- 1. Board Member Prior to Conference:
  - a) For conferences sponsored by the Board Association, completes conference/hotel registration forms and submits to Administrative Assistant for processing. For all other conferences, completes the Conference Request Form with approval of the Board Chairman and submits to Administrative Assistant for processing.
- 2. Administrative Assistant Prior to Conference:
  - b) Processes conference/hotel reservations. Provides packet of information regarding the conference, hotel, and travel (if applicable) to the Board member.
- 3. Board Member After Conference:
  - c) Completes Expense Voucher form for reimbursement of travel or any other incidental expenses at completion of conference. Submits with original receipts to Administrative Assistant for processing.

B. **MEETINGS OTHER THAN REGULAR MONTHLY MEETINGS:**

- 1. Board Member completes Expense Voucher form for reimbursement of travel or any other incidental expenses at completion of meetings other than the regular monthly Board meeting (i.e. Special Committee / Advisory Committee meeting). Submits to Administrative Assistant for processing.

**REGION 10 PIHP**

<b>SUBJECT</b>	<b>CHAPTER</b>	<b>SECTION</b>	<b>SUBJECT</b>
Board Member Per Diem & Travel Reimbursement	01	01	02
<b>CHAPTER</b> Administration	<b>SECTION</b> Governance		

VI. **EXHIBITS:**

- A. Expense Voucher Form
- B. Conference Request Form
- C. Waiver of Per Diem Form
- D. Waiver of Travel Reimbursement Form

VII. **REFERENCES:**

None.

EXPENSE VOUCHER

Board/Committee Name:	Auto Mileage/Odometer Readings			
	From	To	Total Miles	
Name: _____ <small>(Please print)</small>				
Date Submitted:	Meals (Caps)			
	\$16 Breakfast	\$32 Dinner	\$	
	\$20 Lunch			
Remarks (Date of Meeting/Conference Name):  Signature:	Lodging			
	Cost per night	No. of Nights	\$	
	\$			
	Other Expenses			
				\$
				\$
	Per Diem (No. of Days)		x \$75.00	\$
Total Cost			\$	



## CONFERENCE / TRAINING / WORKSHOP REQUEST

### Conference / Training / Workshop Details (to be completed by requestor)

This request is to be completed for ALL conferences/training/workshops.

STAFF NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF CONFERENCE/WORKSHOP: \_\_\_\_\_

DATE(S) OF CONFERENCE/WORKSHOP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

#### IS THIS CONFERENCE/WORKSHOP:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. <b>Mandatory Training:</b> Training stipulated by regulatory bodies, as written in the applicable standards, rules and codes.          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | YES                      | NO                       |
| 2. <b>Performance Improvement:</b> Areas of improvement identified as a need by the Supervisor.   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | YES                      | NO                       |
| 3. <b>Skill Building:</b> Training opportunities designed to expand or enhance current satisfactory job performance, skills or abilities. | <input type="checkbox"/> | <input type="checkbox"/> |
|   | YES                      | NO                       |

### Expenses (to be completed by requestor)

A completed Conference/Training/Workshop request form must be submitted for processing 2 weeks before the conference, or the deadline of the conference (whichever comes first), along with all supporting documents. See Region 10 Training Policy for more details.

Cost of conference: (include registration fee, materials, etc.)

\$ \_\_\_\_\_

Name of Hotel: \_\_\_\_\_

Contact Number for Hotel: \_\_\_\_\_

Address of Hotel: \_\_\_\_\_

Check-in Date: \_\_\_\_\_

Check-out Date: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

#### Region 10 Clerical Staff to complete this section:

Hotel Cost per Night: \_\_\_\_\_

Tax Percentage: \_\_\_\_\_

\$

Total Hotel Cost: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

Total Estimated Costs: \$

Total Advance Requested (if any): \$

Immediate Supervisor Signature: \_\_\_\_\_

Recommended

Not Recommended

*The Chief Executive Officer MUST approve out-of-state conferences.*

Chief Executive Officer Signature: \_\_\_\_\_

Approved

Not Approved



**REGION 10 PIHP Board**

**WAIVER OF PER DIEM**

Region 10 PIHP Policy 01-01-02 Board Member Per Diem and Travel Reimbursement Policy allows for Members of the Region 10 PIHP Board to be paid a per diem. Your signature below indicates your request to not receive a per diem for your service on the Region 10 PIHP Board. You will still receive travel reimbursement at the approved IRS rate. This election is effective \_\_\_\_\_ and will remain in effect through my tenure as a Board Member or until such time that I request (in writing) to end this waiver.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**REGION 10 PIHP Board**

**WAIVER OF TRAVEL REIMBURSEMENT**

Region 10 PIHP Policy 01-01-02 Board Member Per Diem and Travel Reimbursement Policy allows for Members of the Region 10 PIHP Board to be paid travel reimbursement. Your signature below indicates your request to not receive travel reimbursement for your service on the Region 10 PIHP Board. This election is effective \_\_\_\_\_ and will remain in effect through my tenure as a Board Member or until such time that I request (in writing) to end this waiver.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_