FROM: Margaret G. Saux
Education Program Manager

SUBJECT: Travel/Meeting Expense Form (Travel Policy 8516-4)

OCF Finance requires the attached Travel/Meeting Expense Form to be completed and processed along with your original receipts within 5 working days after returning from your funded travels.

√ Complete and Sign a Travel Expense Form within 5 days after the conference
√ Obtain Program Directors approval signature on the Expense Form
√ Tape (no staples please) original receipts on 8-1/2 x 11 bond paper for microfiche
√ Return completed Travel/Meeting Expense Form and original receipts to Graduate Medical Education to complete the final reimbursement approval through Accounting

When your travel is being reimbursed through a program specific Residents/Fellows Travel and Education Fund or through Graduate Medical Education for presentations, your allowances are as follows:

◊ MEALS - $50/per diem – presenters are allowed meals for 3 days – the per diem cannot be carried over from day to day – if dining with a guest, please indicate your portion of the bill. If an employee seeks reimbursement for meals incurred by guest(s) the name, title and employer of the guest(s) must be recorded with your receipt.
◊ HOTEL – cost of single room accommodations – presenters are allowed 2 nights – an original itemized hotel bill is required for reimbursement.
◊ TAXI - $40.00 total for the trip.
◊ REGISTRATION FEE – if not paid in advance by Ochsner.
◊ AIRLINE TICKETS – round trip “Coach Class” reimbursable. If you are traveling outside the continental United States there are restrictions, please contact GME for clarification before incurring charges. GME does not support travel outside of the continental United States.
◊ RENTAL CARS – are not reimbursable unless prior approved by your Program Director & Graduate Medical Education and it must be requested on page 2 of your Travel Authorization Form or by separate memo.

If you are traveling overseas, please transfer all expenses into US currency and provide an exchange rate. All receipts need to be ORIGINAL and they will not be returned by finance.

Any questions or uncertainties please give me a call.

Policy #8516-4 1/08
Employee's Name: _________________________________

Address: _________________________________

Company #: ___0130___

Dept. Name & Number: _________________________________

Social Security Number: ____________________

Beeper #: ____________________

Trip/ Meeting: _________________________________

EXPENSE REPORT

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* If you traveled by car, please indicate mileage traveled: _____ miles @ .35 cents / mile # 84220 $ ________

Breakdown of Account #’s

/ 84215 / $ ________

/ 84215 / $ ________

/ 84210 Regist/ $ ________

Total Expense $ ________

Less Personal Expenses Included $ ________

Net Expense $ ________

Amount Due Employee $ ________

Acct Unit # ________

Resident Signature/ Date ____________________________

Program Director/ Chairman /Date ____________________________

Vice President, Academics ____________________________

Questions: Contact Grad Med Edu – Margaret Saux X 22661 ____________________________

Director, Medical Education ____________________________
DAILY WORKSHEET FOR MEALS

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NOTE: Please list only your daily totals for meals on page 2