 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Everyday"</i></p> <p>Policies and Procedures</p>	<p>Department: Office of the President</p>	<p>Policy No.: ADM 0016</p>
	<p>Issued by: President & CEO</p>	<p>Revision No.: 1</p>
<p>Subject:</p> <p>HHSC Travel Policy for Corporate and Regional Board Members</p>	<p>Approved by: <i>Carol VanCamp</i> HHSC Board of Directors By: Carol VanCamp Its: Secretary/Treasurer</p>	<p>Effective Date: April 14, 2011</p>
		<p>Supersedes Policy: November 16, 2006</p>
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I. PURPOSE: To establish and define approval criteria for all Board travel and related expenses within and outside the State of Hawaii by members of the HHSC Corporate & Regional Boards of Directors.

II. POLICY: All Board travel and related expenses within and outside the State of Hawaii by HHSC Corporate & Regional Board of Directors members shall be paid for and/or reimbursed by the respective regions or Corporate Office and shall require the following approvals prior to commencement of the travel. Only travel deemed essential for Board business will be approved.

III. PROCEDURE:

- A. Travel and related expenses for **inter-island** travel by HHSC Corporate & Regional Board members for in-person Board and Committee meetings shall be coordinated and paid for by the respective regions or Corporate Office. No prior approval is necessary.
- B. For inter-island travel by HHSC Corporate and Regional Board members for purposes **other than scheduled Board and Committee meetings**, requests for pre-approval shall be documented on Attachment 1 (Request for Approval-Inter-Island Travel) and submitted to the respective PCEO or RCEO for review, then to the respective Board Chair or Designee for approval prior to travel.
- C. For **out-of-state** travel by HHSC Corporate & Regional Board members, requests for pre-approval shall be documented on Attachment 2 (Request for Approval – Out-of-State Travel) and submitted to the respective PCEO or RCEO for review, then to the respective Board Chair or Designee for approval prior to travel. All requests for out-of-state travel should be submitted to the respective Board Chair or Designee no less than three weeks prior to travel, with more lead time for processing being desirable. Emergency requests with less than three weeks' notice will be addressed on a case-by-case basis.
- D. A request for approval shall minimally include the following documentation:
 - (1) Board Member Name
 - (2) Destination;
 - (3) Dates of travel;
 - (4) Details of anticipated reimbursable costs;
 - (5) Justification for the travel.

- E. Under no circumstances should any financial commitments for tickets, hotel, registration, or other costs be made prior to receipt of approval by the respective Board Chair or Designee for all inter-island and out-of-state travel because it is possible that the request may be disapproved.
- F. HHSC and its facilities will not be responsible for reimbursement of costs for any travel that occurs prior to or without timely approval as specified herein. In such a case, the individual Board member will be responsible for all costs associated with the trip.
- G. All approved travel expenses for Regional System Board members shall be paid for by the respective region; in the case of a Corporate Board member, the Corporate Office shall pay for approved travel expenses.

IV. REIMBURSABLE EXPENSES

- A. Board members shall be reimbursed for Board-related travel and associated expenses with prior respective Board Chair or Designee approval as appropriate.
- B. Requests for reimbursement of reasonable travel expenses shall be submitted on Attachment 3 (Expense Report) thru the respective PCEO or RCEO for review, then to the respective Board Chair or Designee for approval.
- C. Business-Related Miscellaneous Expenses (with receipts) - Additional reimbursement for business-related travel expenses may be obtained as follows:

Allowed:	Meals Lodging and Excess Lodging Telephone Hosting Business Meetings; excess meal expenses where a business purpose required expenditure Internet access fee Fax fee Parking Laundry Other business-related expenses
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Not Allowed:	Alcoholic Beverages Movies or entertainment expenses Tips (other than for meals) Other expenses not pre-approved
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V. APPLICABILITY

- A. All Corporate and Regional Board Members
- B. For further travel information, please refer to the following SPO website:

<http://hawaii.gov/spo/hawaii-public-procurement-code-chapter-103d-hrs/travel-services/?searchterm=travel>

VI. AUTHORITY

- A. HRS Chapter 323F

- Attachments:**
1. Request for Approval – Inter-Island Travel
 2. Request for Approval – Out-of-State Travel
 3. Expense Report

TO: Board Chair

DATE: _____

FROM: _____

Request Approval for the following inter-island travel:

1. **DATE(S) OF TRAVEL**
 - a. _____
 - b. _____
 - c. _____

2. **DESTINATION(S)**
 - a. _____
 - b. _____
 - c. _____

3. **PURPOSE(S)**
 - a. _____


 - b. _____

 - c. _____

4. **ESTIMATED COST(S)**
 - a. \$ _____
 - b. \$ _____
 - c. \$ _____
 - d. \$ _____
 - e. \$ _____

Approved **Denied** **Let's Discuss**

Board Chair Signature: _____ **Date:** _____

 HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Every Day"</i>	Date:
	Facility:
Request for Approval - Out of State Travel	
Name:	Position:
Destination:	Travel Dates:
Anticipated Reimbursable Costs	
Airfare	
Registration Fee(s)	
Ground Transportation	
Per Diem:	
Excess Lodging	
Total	\$0.00
Justification for Travel (include copy of conference brochure, training/meeting announcement, etc.):	
Prior Reimbursed Out-of-State Travel (<i>Current and Past Fiscal Year</i>):	
Board Chair Approval:	Date:

HAWAII HEALTH SYSTEMS CORPORATION
EXPENSE REPORT

CLAIMANT NAME: _____ DATE OF REPORT: _____
 FOR PERIOD BEGINNING: _____ ENDING: _____
 PURPOSE OF EXPENDITURE: _____ COST CENTER CHARGED: _____

DAY:												TOTAL
DATE:												
1	AIRFARE											\$ -
2	CAR RENTAL											\$ -
2	RENTAL CAR GASOLINE											\$ -
3	TAXI/BUS/LIMOUSINE											\$ -
4	PARKING/TOLLS											\$ -
5	AUTO MILEAGE @.50											\$ -
6	ROOM CHARGE											\$ -
6	ROOM TIPS											\$ -
7	TELEPHONE											\$ -
8	TIPS											\$ -
9	OTHER											\$ -
10	LAUNDRY											\$ -
11	EMPLOYEE MEALS											\$ -
12	CONFERENCE MEALS											\$ -
13	OTHER ENTERTAINMENT											\$ -
	DAILY TOTAL			0.00		0.00		0.00				\$ -
	REPORT TOTALS											\$ -
14	DEDUCT EXPENDITURES CHARGED OR PREPAID BY COMPANY											\$ -
15	NET CASH EXPENDITURE			0.00		0.00		0.00				\$ -
16	DEDUCT TRAVEL ADVANCE											\$ -
17	AMOUNT DUE COMPANY											\$ -
18	AMOUNT DUE EMPLOYEE			0.00		0.00		0.00				\$ -

*NOTE: All ORIGINAL receipts should be attached

CLAIMANT SIGNATURE: _____ DATE: _____
 APPROVAL SIGNATURE: _____ DATE: _____