# SHEA The Society for Healthcare Epidemiology of America

1300 Wilson Boulevard, Suite 300, Arlington, VA 22209 \* Telephone: 703-684-1006

Return to the attention of SHEA Staff (Name):\_Laure Herzog, lherzog@shea-online.org \_\_\_\_\_\_\_\_\_

##### Expense Voucher 2019

|  |  |
| --- | --- |
| **Name:** | **Meeting: SHEA Spring 2019** |
| **Address:** | **Location: Westin Boston Waterfront** |
|  | **Date(s): 4/23-4/26** |

**TOTAL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATES |  |  |  |  |  |  |  |
| Personal Miles Driven- DO NOT INCLUDE IN TOTALS BELOW |  |  |  |  |  |  |  |
| Mileage reimbursed at $0.58/mile |  |  |  |  |  |  |  |
| Air Travel |  |  |  |  |  |  |  |
| **Other Travel (rail, bus, taxi, tolls, parking)** |  |  |  |  |  |  |  |
| **Lodging (room & tax per day)** |  |  |  |  |  |  |  |
| **Food (Include tips for meals)** |  |  |  |  |  |  |  |
| Other Expenses/Tips |  |  |  |  |  |  |  |
| **Daily Subtotals**  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| I certify that the expenses included in this report were incurred by me for SHEA business.**Signature & Date** (Required): | **Less: Personal expense included above** |  |
| Please consider a donation of all or a portion of your travel reimbursement to the SHEA Foundation. Amounts are deductible up to the extent of applicable tax laws. | Less: Foundation Donation Amount |  |
| (SHEA Staff Only)**Approval Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Net Due: |  |
| **Budget code:\_339-500-01S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Return to the address above with the required documentation within 30 days of the date the expenses were incurred. **See guidelines on next page.**)

**🡪Sign your form before returning to approver**

**🡪Retain a copy for your records and send the signed expense voucher along with receipts to the address above. Emailing of scanned copies is preferred.**

**🡪Please allow 8 weeks for processing.**

**SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA**

**EXPENSE REIMBURSEMENT GUIDELINES**

The SHEA reimbursement guidelines are intended to ensure fair and equitable treatment of all member volunteers. They are based on the principle that those who volunteer their time to develop and participate in SHEA activities should be reimbursed for reasonable travel and related expenses. Expenses will be reimbursed only for travel and activities approved by SHEA. Requests for reimbursement will be processed by Society staff within the framework of the following guidelines.

#### Travel

* 1. **Air travel** will be by coach class. The use of the most economical airfare is encouraged, especially discounted fares available due to advance reservations. In most instances, individuals traveling on SHEA business will have sufficient notice to take advantage of 30 day or 14 day advance booking discounts.
	2. **Rail travel** shall be reimbursed at cost which can not exceed the amount of regular coach airfare to the same destination.
	3. **Personal auto** will be reimbursed at the federal (IRS) allowed rate for travel by personal vehicle plus tolls, and parking.
	4. **Rental cars** will not be covered unless cost effective or necessary given the cost, availability of public transportation and meeting location.

5. Taxis as necessary to and from terminals and as necessary for intra-city transportation.

Note: *Those traveling on behalf of SHEA will be encouraged to purchase their tickets through SHEA’s travel agency.*

#### Food and Lodging

* 1. For the majority of activities, the hotel utilized will be selected by SHEA. When this is not the case, individuals are expected to use reasonable, comfortable accommodations when traveling on SHEA business. Food and lodging expenses will be reimbursed only for those days necessary to attend the meeting.
	2. SHEA will reimburse reasonable charges for meals. Meals purchased for others on Society business must be explained.
	3. Names of additional individuals covered by charges should be listed on the documentation.

Note: *In most cases where SHEA has selected the hotel, the room charge will be billed directly to SHEA. Incidentals will be billed to the individual who will need to request reimbursement for covered expenses.*

C. **Other Expenses**

Tips, telephone, laundry and valet are reimbursable as used in connection with SHEA business.

D. **Personal/Spouse Expense Accounting**

When an individual whose expenses are reimbursable is accompanied by a spouse or other family members, the individual should claim reimbursement only for personal expenses. Spouse expenses are not covered.

E. **Documentation**

1. For any expense greater than $25, receipts must be attached to expense vouchers.
2. Original receipts should be submitted when possible. This includes hotel bills and any other expenses paid directly by SHEA.
3. It is necessary that expenses be reasonable and adequately documented to satisfy IRS regulations.

F. **Timing**

All expense vouchers must be signed and should be submitted within 30 days of the date expenses are incurred.

G. **Committee Expenses during Annual Meeting**

Members of committees that meet during the Annual Meeting will not be reimbursed for travel or related expenses based on their likely attendance for the program.

H. **Foundation Donation**

 A critical component of our work is to provide opportunities and support for those interested in the field of infectious diseases. The SHEA Foundation is a 501©3 and donations are deductible up to the extent of applicable tax laws. For more information please visit <http://www.shea-online.org/Foundation.aspx>.

**Comments/Explanations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**