## BOUNDARY COMMUNITY HOSPITAL Travel/Meeting/Training Reimbursement Request

**PRIOR to Event**, complete upper portion with supporting documentation and submit for signature pre-approvals. Form will be returned to you prior to travel/meeting/training. Hold until after your event. **AFTER Event**, complete lower portion with actual expenses and include receipts for all expenses. Submit for final approval. Completed form will be given to Accounts Payable for processing. If you have questions regarding completion of form, please talk to immediate Supervisor or Chief Financial Officer.

| have ques              | stions regarding completion of form       | , please talk to immed  | iate Supervisor or Chief Fi         | nancial Officer. | J /    |
|------------------------|---|---|-------------------------------------|------------------|--------|
| Employee Name:         |   | Dept/Expense GL # to be charged:  |                                     | Date of Request: |        |
| Travel Destination:    |   | Date of Departure:  |                                     | Date of Return:  |        |
| Purpose/D              | Description of Travel, Meeting or Tra     | aining (please attach s   | support documentation):             |                  |        |
| Benefit to Department: |   | Number of hours of salary reimbursement:<br>(also record in your Dept Log Book) |                                     |                  |        |
| ESTIMAT                | TED EXPENSES <u>PRIOR TO TRIP</u>         | ·   |                                     |                  |        |
|                        |   | Prepaid by<br>BCH   | Other Pmt Source (i.e. Scholarship) | EE Out of Pocket | Total  |
| Registra               | tion/Fees:                                |   |                                     |                  |        |
| Travel:                | Car Rental                                |   |                                     |                  |        |
|                        | Airfare                                   |   |                                     |                  |        |
|                        | Other (Uber, taxi, etc)                   |   |                                     |                  |        |
|                        | Parking                                   |   |                                     |                  |        |
| Hotel:                 | # of nights                               |   |                                     |                  |        |
| Other Ex               | penses:                                   |   |                                     |                  |        |
| Meals:                 | Breakfast: Lunch: Dinner:                 |   |                                     |                  |        |
| Mileage:               | <i>\$0.67/mile</i> Miles:<br>as of 1/1/23 |   | TOTALS:                             |                  |        |
|                        | Employee Signature                        | Supervisor Signature  |                                     | CFO Signature    |        |
|                        |   | 3upervisor Signature  |                                     |                  |        |
| ACTUAL                 | EXPENSES - <u>Attached Recei</u> f        |   |                                     |                  |        |
|                        |   | Prepaid by<br>BCH   | Other Pmt Source (i.e. Scholarship) | EE Out of Pocket | Total  |
| Tuition/I              | Fees:                                     |   |                                     |                  |        |
| Travel:                | Car Rental                                |   |                                     |                  |        |
|                        | Airfare                                   |   |                                     |                  |        |
|                        | Other (Uber, taxi, etc)                   |   |                                     |                  |        |
|                        | Parking                                   |   |                                     |                  |        |
| Hotel:                 | # of nights                               |   |                                     |                  | _      |
| Other Ex               | penses:                                   |   |                                     |                  |        |
|                        |   |   |                                     |                  |        |
| Meals:                 | Breakfast: Lunch: Dinner:                 |   |                                     |                  |        |
| Mileage:               | \$0.67/mile Miles:                        |   |                                     |                  |        |
| _                      | as of 1/1/23                              |   | TOTALS:                             |                  |        |
|                        |   |   |                                     | -                |        |
|                        | Employee Signature                        | Cunonii   | sor Signature                       | CFO Sig          | naturo |

<sup>\*</sup>Roundtrip mileage between BCH and: BGH (Sandpoint) = 67; KMC (Coeur d'Alene) = 155; Deaconess (Spokane) = 218; Spokane Airport = 230; Shoshone (Kellogg) = 230; Benewah (St. Maries) = 264; Gritman (Moscow) = 322; St. Joseph (Lewiston) = 386; St. Luke's (McCall)