GREATER COLUMBIA BEHAVIORAL HEALTH, LLC. BH-ASO

Travel Reimbursement

No: FM808

| Docume | nt Type:¹ | X Policy & Procedure Plan | Process Guideline System Description | Adopted: Last Reviewed: Retired: | 1/1/2019 7/5/2024 | |
|---|-----------|---------------------------|--------------------------------------|--|----------------------|--|
| Revisions: 11/07/2019, 3/25/2022 | | | | | | |
| Document Scope: (applies to Policy & Procedure only) | | | | | | |
| X The requirements herein apply only to the GCBH BH-ASO Central Office and its functions. | | | | | | |
| The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers². | | | | | | |
| The requirements herein apply both to GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible. | | | | | | |

PURPOSE:

To define the process by which employees of Greater Columbia Behavioral Health, LLC BH-ASO (GCBH BH-ASO) and official designees and representatives receive reimbursement for expenses incurred by them in connection with their officially assigned duties.

DEFINITIONS

I. <u>Detailed Receipt</u>: A vendor receipt that includes the date of purchase, the vendor name, an itemized list and unit price of the purchased items, and the total amount. Credit card receipts do not qualify as detailed receipts.

POLICY

- A. GCBH BH-ASO employees, official designees and representatives are entitled to reimbursement for expenses, as defined in the Procedure section below, incurred in connection with their officially assigned duties within and outside of the Region.
- B. Reimbursement is provided only when appropriate authorization and receipts are received.

PROCEDURE

- Reimbursement vouchers are specific to one individual. Each voucher submitted is certified by the employee, official, or representative who incurred the expenses and is approved by signature of the GCBH BH-ASO Co-Director and/or Finance Director.
- 2. Reimbursement is provided for the following expenses:
 - 2.1. Whenever possible, GCBH BH-ASO staff should use the GCBH BH-ASO company vehicles for business travel. In the event that a GCBH BH-ASO company vehicle is available and is not used for travel, mileage will be reimbursed at half the current rate adopted by the Washington State Office of Financial Management (OFM). If no GCBH BH-ASO company vehicle is available, mileage for personal vehicles will be paid at the current rate adopted by the Washington OFM. Use of personal vehicles for company travel must have prior approval from a GCBH BH-ASO Co-Director.
 - 2.2. Registration fees, meals, lodging, public transportation, parking fees, and bridge or ferry tolls required for participation in work-related audits, meetings, conferences, and educational seminars.

²"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

- 2.3. Meals may be authorized when such meal is concurrent with scheduled meetings, trainings, and work assignments. Expenses should be reasonable. Alcoholic beverages are not reimbursed.
- 3. Expense for which reimbursement is requested are submitted to the Finance department via an approved reimbursement voucher, accompanied with detailed, original receipts, except as provided for below.
 - 3.1. Meal receipts must list the items purchased. Meals included on lodging bills must be accompanied by separate detailed receipts.
 - 3.2. Receipts that are not fully itemized must be accompanied by a signed statement describing the charges and attested to by the employee.
 - 3.3. Lost receipts are reported on an Application for Duplicate Instrument Affidavit per RCW 39.72.010.

APPROVAL

FM808 - Travel Reimbursement

Karen Richardson or Sindi Saunders Co-Directors

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Attachment to Policy FM808 Travel & Reimbursement

Example of Acceptable Receipt

SOUTH TOTAL OF

Example of Unacceptable Receipt

| QUIZNOS SUB (509)37 | | 438 |
|--|----------------|-------------------------------|
| ORDER # 01 | 041 | |
| SM NO CHEESE MED DRINK SD CAES SLD 1 SM/LC SD SALAD EAT-IN | | 2.99 1.59 2.00 -1.59 |
| CAT III | | |
| TAX TOTAL TOTAL | \$ \$ \$ | 4.99 0.42 5.41 |
| AMEX | \$ | 5.41 |

0.00

OCT.23,2007

12:19

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COUNTER

9907

CHARGE TIP

AUTH#

ACCOUNT# :

424259843885 QUIZHOS SUB 88438 3107 N KENNENICK AVE KENNENICK, NA 99336 589-374-9494

| 3448612 Ref H: 018 | | | | | | |
|---|--|--|--|--|--|--|
| Sale | | | | | | |
| Entry Nethod: Swiped | | | | | | |
| 12:21:38 Appr Code: 521233 Batch#: 800239 | | | | | | |
| | | | | | | |

Customer Copy THANK YOU!

5.41

Total: