**Reimbursement and Compensation Policy**

Date Established: **February 2020**

Amended:

Board members are not eligible for compensation from the organization.

Reimbursement for out of pocket expenses, including travel for HTA business conducted as a Board member/association representative, must be approved in advance and are limited by the US General Accountability Office (GAO) per diem rates for meals, incidentals and lodging. Mileage will be reimbursed at the currently established federal mileage reimbursement rate.

Reimbursement requests should include receipts for commercial travel or mileage via an established mileage tracking platform such as Mile IQ or Mapquest or via a mileage log kept by the member. Due to the application of GAO per diem rates, receipts for lodging, meals and incidentals will not be required.

Reimbursement requests must be submitted within 30 days following completion of travel. Reimbursements will be issued within 14 days. Reimbursements will be made via check or electronic bank draft. Under no circumstances will reimbursement be made in cash or credited to a credit card.

**HTA Reimbursement Request Form**

Description of expense:

For Mileage Reimbursement:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Travel From | Travel To | Total Miles |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Meals, hotel and incidentals will be reimbursed at the GAO per diem rate. Commercial travel claims must be supported by receipts.*

For Commercial Travel and Material Purchase Reimbursement *(receipts must be attached)*:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Item | Reason | Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total Mileage:

 \_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_ (federal mileage rate) $

Lodging/Meals/Incidentals:

 #days\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_ (per diem rate) $

Commercial Travel: $

Other Expenses: $

Total Reimbursement Requested: $

Office Notes:

Paid as submitted:  Yes  No

Reason:

Date paid:

Amount paid:

Check number:

Requested by:

Print Name:

Signature:

Address:

Phone:

Email: