



California Association of Hospitals & Health Systems
Volunteer Services Department
1215 K Street Suite 800
Sacramento, California 95814
Phone: (916) 552-7544 Fax: (916) 552-2610
volunteers@calhospital.org

California Hospital Volunteer Leadership Conference **PRESENTER REIMBURSEMENT POLICY**

The California Association of Hospitals and Health Systems (CAHHS) will reimburse presenters for approved expenses as outlined below. Presenters are encouraged to use the most reasonable and economical means of travel. Unless special arrangements have been made with CAHHS, all expenses must follow these guidelines.

Presenters will be reimbursed for:

- Lodging:** Lodging at the conference hotel approved by CAHHS and noted in the presenter confirmation. Additional room nights require prior approval from CAHHS. All other hotel expenses are to be paid by the presenter upon checkout. Internet access, movies, telephone calls, in-room bars and other amenities are not covered.
- Air Travel:** Presenter — secured flight arrangements (round-trip **coach** airfare) made 21 days before the event. Business select and TSA pre-check boarding not approved.
- Ground Travel:** Automobile mileage rate is based on the current established IRS mileage rate at the time of travel. A copy of driving directions/internet map indicating mileage is required. Train, taxi, car rental, airport shuttle and parking expenses require prior approval from CAHHS.
- Meals:** CAHHS does not provide a “per diem” for meals, rather an allowance for meals taken not to exceed the following costs:
- | | |
|-----------|------|
| Breakfast | \$15 |
| Lunch | \$20 |
| Dinner | \$45 |
- Accompanying original receipts are required and must be detailed. Receipts without the detail will not be approved. Alcohol is not reimbursable.

Please submit requests for reimbursement to CAHHS within 30 days after the conference. Expenses submitted after 90 days of being incurred will not be reimbursed. **Expenses over \$10.00 must be accompanied by supported original detailed receipts.** Mail, fax or e-mail a completed IRS W-9 form and Presenter Reimbursement Expense Form along with accompanying receipts to:

California Association of Hospitals and Health Systems
Volunteer Services Department
1215 K Street, Suite 800
Sacramento, CA 95814
Fax: (916) 552-2610
E-mail: volunteers@calhospital.org

For assistance, please contact Melanie Shanley at 916.552.7648 or at mshanley@calhospital.org.

4/2016
Reviewed 9/2017, 12/2018

Volunteer Services Department