		Department:	Policy No.:
db	HAWAII HEALTH SYSTEMS	Corporate Finance	FIN 0001
	C O R P O R A T I O N "Touching Lives Everyday"	Corporate i marios	Revision No.:
			1
	Policies and Procedures	Issued by:	Effective Date:
		Kelley Roberson Vice President & CFO	7/11/02
Subject:		Approved by:	Supersedes Policy:
Protocol Fund			9/10/99
			Page:
		HHSC Board of Directors By Its: Secretary/Treasurer	1 of 1

- I. PURPOSE: To establish and define expenditure criteria for the Executive Management Team Protocol Fund.
- **II. POLICY**: HHSC funds shall be expended only to further the purposes of HHSC. Expenditure of funds for business protocol shall be in accordance with the criteria established in this policy.
 - A. <u>Establishment of the Fund</u>. A protocol fund shall be established at the corporate office for the purpose of providing a fund for the ordinary and necessary business expenses incurred by the executive management team during the course and scope of business. The fund shall be administered by the Corporate CFO, who shall report to the executive management team quarterly on the balance.
 - B. Fund Usage. The purpose of this fund is to provide a mechanism for reimbursement to the executive management team for expenses incurred during the recruitment of essential personnel and staff, key business meals, small gift purchases (under \$25) for business associates (e.g., lei), and related protocol expenses that are not otherwise recoverable under training or travel policies. Expenses incurred in educational briefing sessions with legislators (e.g., breakfast meeting to discuss legislation) may also qualify for reimbursement from the protocol fund, provided that no HHSC money may be expended for contributions, fundraiser tickets or gifts to legislators. No HHSC funds may be used to purchase alcoholic beverages. Employee related expenses such as leis, cakes, and recognition awards shall not be paid out of this fund but shall be allowable expenses in each facility budget.
- III. PROCEDURE: A request for reimbursement shall be submitted to the Corporate CEO or designee on the attached form. Include in the request the amount of money spent or anticipated to be spent, the reason for the expenditure, the organization/people involved, and a total of the amount of protocol fund expended by your region during the current fiscal year. Advance approval is required for anticipated expenditures over \$100, and may be requested for any expenditure in order to ensure reimbursement. The CEO/designee will determine whether or not the expenditure was ordinary and necessary and furthered the course and scope of HHSC business before approving the expenditure. The CEO/designee may also consider the extent the region has utilized the fund and the balance in the fund.

HAWAII HEALTH SYSTEMS CORPORATION PROTOCOL FUND REIMBURSEMENT STATEMENT

Instructions: Attach original receipts, sign and submit to Fiscal.

Name: For t	he Period:
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ENTERTAINMENT & PUBLIC RELATIONS EXPENSES

			BUSINESS		
DATE	DESCRIPTION	PLACE INCURRED	PURPOSE	REIMBURSEMENT TO	AMOUNT
certify that this Exp	pense Statement is accurate as to actu	al and necessary business expenses.			
Signature		Date			
			T	I Amazanat ta Ira Daimi	
pproval		Date	i lota	I Amount to be Reimbursed	0.0