
 HAWAII HEALTH SYSTEMS CORPORATION <i>Quality Healthcare for All</i> POLICY and PROCEDURE	Department: CEO	Policy No. ADM 0016A
	Approved By:  HHSC Board of Directors By: Stephany Vaioleti Its: Secretary/Treasurer	Supersedes Policy No.
Subject: Travel and Expense Policy and Procedure for Corporate and Regional Board Members	Approved Date: July 27, 2023	Last Reviewed: June 15, 2023

I. **PURPOSE:** To establish the policy and approval criteria for all Board travel and related expenses by members of the Hawaii Health Systems Corporation's (HHSC) Corporate and Regional Boards of Directors, or their designees serving on Board or other HHSC Committees.

II. **DEFINITIONS:**

For purposes of this policy, "HHSC Corporate & Regional Board Members" includes designees of those Boards serving on HHSC Board Committees or other HHSC Committees.

III. **POLICY:** All Board travel by members of HHSC Corporate and Regional Boards of Directors must be approved as set forth in this Policy prior to commencement of travel. All approved Board travel-related expenses for members of HHSC's Corporate and Regional Boards of Directors shall be paid directly and/or reimbursed by the respective regions or Corporate Office, as set forth in Section IV, below. Only travel deemed essential for Corporate and Regional Board business will be approved.

IV. **PROCEDURES:**

A. Travel and travel-related expenses for **inter-island** travel by HHSC Corporate and Regional Board members for in-person Board and Committee meetings shall be coordinated and paid for by the respective regions or Corporate Office. No prior approval is necessary.

B. For **inter-island travel** by HHSC Corporate and Regional Board members for purposes **other than scheduled Board and Committee meetings**, requests for pre-approval shall be documented on Attachment 1 (Request for Approval-Inter-Island Travel) and submitted to the respective PCEO or RCEO for review, then to the respective Board Chair or Designee for approval prior to travel.

C. For **out-of-state** travel by HHSC Corporate & Regional Board members, requests for pre-approval shall be documented on Attachment 2 (Request for Approval – Out-of-State Travel) and submitted to the respective PCEO or RCEO for review, then to the respective Board Chair or Designee for approval prior to travel. All requests for out-of-state travel should be submitted to the respective Board Chair or Designee no

less than three weeks prior to travel, with more lead time for processing being desirable. Emergency requests with less than three weeks' notice will be addressed on a case-by-case basis.

D. A request for approval shall minimally include the following documentation:

- (1) Board Member Name
- (2) Destination;
- (3) Dates of travel;
- (4) Details of anticipated reimbursable costs; and
- (5) Justification for the travel.

E. Under no circumstances should any financial commitments for tickets, hotel, registration, or other costs be made prior to receipt of approval by the respective Board Chair or Designee, because it is possible that the request may not be approved.

F. HHSC and its facilities will not be responsible for reimbursement of costs for any travel that occurs prior to or without timely approval as specified herein. In such a case, the individual Board member will be responsible for all costs associated with the trip.

G. All approved travel expenses for Regional System Board members shall be paid for by the respective region; in the case of a Corporate Board member, the Corporate Office shall pay for approved travel expenses.

V. REIMBURSABLE EXPENSES

A. Board members shall be reimbursed for Board-related travel and associated expenses that were pre-approved by the respective Board Chair or Designee.

B. Requests for reimbursement of reasonable travel expenses shall be submitted on Attachment 3 (Expense Report) thru the respective PCEO or RCEO for review, then to the respective Board Chair or Designee for approval.

C. Business-Related Miscellaneous Expenses (with receipts) - Additional reimbursement for business-related travel expenses may be obtained as follows:

Allowed:

Meals
Lodging and Excess Lodging
Telephone
Hosting Business Meetings; excess meal expenses where a business purpose required expenditure
Internet access fee
Fax fee
Parking
Laundry
Other business-related expenses

Not Allowed: Alcoholic Beverages
 Movies or entertainment expenses
 Tips (other than for meals)
 Other expenses not pre-approved

VI. AUTHORITY: Chapter 323F, Hawaii Revised Statutes

VII. ATTACHMENTS:

1. Request for Approval – Inter-Island Travel
2. Request for Approval – Out-of-State Travel
3. Expense Report

VIII. REFERENCE(S):

For further travel information, please refer to the following SPO website:

<https://spo.hawaii.gov/for-state-county-personnel/programs/travel-procedures/>

TO: Board Chair

DATE: _____

FROM: _____

Request Approval for the following inter-island travel:

1. DATE(S) OF TRAVEL

a. _____

b. _____

c. _____

2. DESTINATION(S)

a. _____

b. _____

c. _____

3. PURPOSE(S)

a. _____

b. _____

c. _____

4. ESTIMATED COST(S)

a. \$ _____

b. \$ _____

c. \$ _____

d. \$ _____

e. \$ _____

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 Approved

Denied

Let's Discuss

Board Chair Signature: _____

Date: _____

 HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Every Day"</i> Request for Approval - Out of State Travel	Date:
	Facility:
Name:	Position:
Destination:	Travel Dates:
Anticipated Reimbursable Costs	
Airfare	
Registration Fee(s)	
Ground Transportation	
Per Diem:	
Excess Lodging	
Total	\$0.00
Justification for Travel (include copy of conference brochure, training/meeting announcement, etc.):	
Prior Reimbursed Out-of-State Travel (<i>Current and Past Fiscal Year</i>):	
Board Chair Approval:	Date:

HAWAII HEALTH SYSTEMS CORPORATION
EXPENSE REPORT

CLAIMANT NAME: _____ DATE OF REPORT: _____
 FOR PERIOD BEGINNING: _____ ENDING: _____
 PURPOSE OF EXPENDITURE: _____ COST CENTER CHARGED: _____

DAY:										TOTAL
DATE:										
1	AIRFARE									\$ -
2	CAR RENTAL									\$ -
2	RENTAL CAR GASOLINE									\$ -
3	TAXI/BUS/LIMOUSINE									\$ -
4	PARKING/TOLLS									\$ -
5	AUTO MILEAGE @.50									\$ -
6	ROOM CHARGE									\$ -
6	ROOM TIPS									\$ -
7	TELEPHONE									\$ -
8	TIPS									\$ -
9	OTHER									\$ -
10	LAUNDRY									\$ -
11	EMPLOYEE MEALS									\$ -
12	CONFERENCE MEALS									\$ -
13	OTHER ENTERTAINMENT									\$ -
	DAILY TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$ -
	REPORT TOTALS									\$ -
14	DEDUCT EXPENDITURES CHARGED OR PREPAID BY COMPANY									\$ -
15	NET CASH EXPENDITURE	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$ -
16	DEDUCT TRAVEL ADVANCE									\$ -
17	AMOUNT DUE COMPANY									\$ -
18	AMOUNT DUE EMPLOYEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$ -

CLAIMANT SIGNATURE: _____ DATE: _____ *NOTE: All ORIGINAL receipts should be attached
 APPROVAL SIGNATURE: _____ DATE: _____