



OLNEY HAMILTON HOSPITAL

Travel Expense Reimbursement Voucher

NAME _____ DATE _____

DEPARTMENT _____

TRIP FROM _____ TO _____

DATE(S) _____

PURPOSE OF TRIP _____

ITEMS

AMOUNT

1. Mileage @ .58 cents per mile _____
(Archer City 40; Wichita Falls 90; Graham 55; Seymour 70) \$ _____
2. Hotel (Bill attached) _____ \$ _____
3. Food (Receipts attached) _____ \$ _____
 - a. Overnight Stays \$60 x _____ Days
 - b. Day trips (Receipt(s) required):
 - i. Will Reimburse up to- Breakfast \$10; Lunch-\$20; Dinner-\$30
4. Miscellaneous (List/Receipts attached) _____ \$ _____

Received in Advance \$ _____

Total Expense \$ _____

Total Due \$ _____

Signature _____ Date _____

Approved _____ Date _____

Michael Huff, CEO

Statement of Policy

Travel expenses incurred by the Hamilton Hospital staff will be allowed when such travel is made in transacting official business. Travel must be authorized by the Administrator. Personnel are expected to use moderation in the purchase of lodging and food. Expenditures should be supported by receipts when practical. Only essential items of expense will be considered for reimbursement. Expense voucher must be presented to Accounts Payable within 5 working days after returning to work.