

Human Resources Policy/HRP-614-A

Travel and Training Advance Request Form

- 1. Advances against travel or training expenses in an amount anticipated to cover expenses of a trip or Registration over \$125.00 are available, if desired after the Request for Travel and Training funds has been approved. The Travel and Training Advance Request must be approved by the employee's manager or, in the case of a manager, by the department director, with estimated costs of /registration /travel expenses and then sent to the Human Resources Department. NKC will not give travel or training advances if the employee has an outstanding advance for which an expense report has not been submitted and any amounts owing settled.
- 2. Upon return, a complete accounting of travel expenses, proof of registration (accompanied with required receipts), and certification must be submitted with completed "Northwest Kidney Centers Expense Report" within four weeks of date returned from travel or class/workshop. Failure to submit timely expense reports may result in disciplinary action. At this time, a final settlement is calculated between the employee and NKC. When cash advances in connection with a trip or training program exceed the expenses borne by the employee, the balance must be returned to the Accounting Department with the travel expense report.
- 3. If travel/training advances are outstanding beyond four weeks of date returned from travel/training, the outstanding advance may be collected from the employee via a payroll deduction, as provide for below.

Name:	Position:
Department:	Shift:

Human Resources Policy/HRP-6-14-A/Travel and Training Advance Request Form

Purpose of Travel: _____

Funds Requested:

Airfare	
Lodging	
Registration	
Other	

Total _____

I understand that if a travel/training advance is outstanding beyond four weeks of the date I returned from travel, the outstanding advance may be deducted from my paycheck.

Employee Signature:	Date:	

Manager/Vice President A	Approval:	Date:	



Expense Report

Employe	e:				Departme	nt:		
		REIMBURSABLE CAS	H EXPE	NDITURE				
Date	Location	Description	# of Miles*	Mileage Value	Lodging	Personal Meals	Other	
				-				
			1					
				-				///////
		TOTALS		¢	•	•		Total Across
	Make Check	101/120		\$	\$	\$	\$	\$
	Payable to:	-				Account	Codes	Amount
					ļ			
M	lail Check to:	-		Distr				
				Ca Expend				
R	equested by:	-		Тс		· · ·		
	(signature)							
	Approved by:				ŀ	(Les	Subtotal s Advance)	
	(signature)	F					MPLOYEE	· · ·

Reimbursement time limits: local travel within 12 weeks of return & with 30 days of fiscal year end

beyond local travel within 4 weeks of return of travel

* I certify that my request for mileage reimbursement is for miles accrued while working for NKC and while using a personal vehicle.

* I acknowledge that I have a valid Driver's License, that my personal vehicle is insured, and that NKC is not responsible for or injuries incurred when I use my personal vehicle.

Travel Policy HRP-T590 Personal Vehicle Policy HRP-U606