


**GUAM MEMORIAL HOSPITAL AUTHORITY
FISCAL SERVICES MANUAL**

APPROVED BY:  Joseph P. Verga, MS, FACHE Hospital Administrator/CEO	RESPONSIBILITY: Fiscal Services	EFFECTIVE DATE: 9/19/2012	POLICY NO. 6440-3	PAGE 1 of 4
TITLE: TRAVEL				
LAST REVIEWED/REVISED: 09/2012				
ENDORSED: EMC 09/2012				

PURPOSE:

To define the policy and procedure for off-island travel in accordance to the travel rules of the Bureau of Budget and Management Research (BBMR) and to provide guidelines for travelers to follow.

POLICY:

This policy is to ensure that travel requests submitted for approval are appropriately funded and beneficial to the Hospital. Hospital employees must adhere to the following procedures and guidelines.

DEFINITIONS:

1. **PER DIEM ALLOWANCE** - means a daily flat rate of payment in lieu of actual lodging, meal, and ground transportation expenses (taxi, shuttle, car rental, etc.) while on approved official travel.
2. **PER DIEM RATES** - Prior to departure, the employee shall receive an advance per diem allowance equal to the number of days of authorized official travel plus one extra day, multiplied by the Department of Defense Per Diem Rate (Refer to website: <http://perdiem.defensetravel.dod.mil/>).

The per diem rate of the Board of Trustees members, the Hospital Administrator/CEO, and Associate Administrator of Operations are compensated at a rate of one hundred and twenty five percent (125%) of the basic per diem rate.

3. **TRAVEL EXPENSES** - means necessary expenses incidental to official Hospital travel such as airfare, registration/seminar/course/training fee (excluding room and board expenses). Ground transportation such as car rental and transportation fee to other destination will not be authorized except under unique circumstances and when adequately justified in the travel request.

I. PROCEDURE:

Note: Failure to follow the procedures below may result in the disapproval of travel request.

- A. All travel requests must obtain clearance with the Budget Office to identify availability of funding.
- B. A written request for off-island travel detailing the need for the travel will then be submitted to the Hospital Administrator/CEO for review and approval at least thirty (30) days prior to the commencement of the travel.

The written travel request must indicate the following:

1. Name and title of traveler;
2. Justification for travel indicating the benefit to the Hospital;
3. Information related to the conference/ seminar/ training;
4. Estimated expenses for the travel;
5. Source of funding for the travel;
6. Leave request(s);
7. Additional written justification if more than one traveler is attending the same conference/seminar/training.

C. Upon approval of the travel request by the Hospital Administrator/CEO, follow and complete the GMHA Travel Checklist (see **Attachment 1**) with all supporting documents prior to submitting to the Fiscal Services Division for processing. All Travel Checklist with missing information or attachments will be returned for further completion. Submitting department/traveler should pay special attention to the following when completing the Travel Checklist:

1. Airfare Quotations - must obtain the lowest economy airfare quotations from three (3) different sources, preferably a refundable airfare quotation. In the event the traveler prefers to purchase an upgraded air ticket, the Hospital will only pay for the economy airfare. If the traveler chooses to include a personal side trip, the traveler will be responsible for the difference or the cost of personal trip. The Hospital will only pay for the official airfare or whichever is the lower fare.
2. Registration Fee - the traveler can register online and pay with personal credit card. The Hospital will reimburse the traveler upon submission of valid receipts/proof of payment or when issuing the per diem payment. If time allows meeting the registration deadline, the General Accounting Department will issue a check to pay for the registration fee.
3. Leave Form –
 - a. Administrative Leave is for the number of days in the air (travel time). If the traveler takes a personal trip before or after the official conference/training, only one (1) day of administrative leave is allowed.
 - b. Educational Leave is for the exact number of days of the conference/training.
 - c. Annual Leave is for any personal leave before or after the official travel.
4. Hotel Quotations - must obtain the lowest room rate (including taxes) from three (3) different sources. Hotel expenses are covered under the per diem provided to travelers. If the travelers choose to stay at a higher rate hotel that exceeded the per diem, they will be responsible for the difference at their own expense.

D. Upon receipt of the completed Travel Checklist with all supporting documents, a Travel Request and Authorization (TA) and Travel Authorization Checklist (see **Attachment 2A & 2B** – BBMR TA and Checklist forms) will be processed by the designated personnel at the Fiscal Services Division. In the event that this personnel is not available, an employee designated by the requesting department shall complete the TA and Checklist.

E. The completed TA packet will then be submitted for signature by the following Hospital officials:

1. Budget Office for certification of funds
2. Certifying Officer (signature of Chief Financial Officer)
3. Hospital Administrator/CEO

In the event the Hospital Administrator/CEO or any of the members of the Board of Trustees are traveling, the final signature will be the Chair of the Board of Trustees. In the event the Chair of the Board of Trustees is traveling, the Vice Chair of the Board will be the final signature.

NOTE

It is a requirement that all TA(s), upon approval by the Hospital Administrator/CEO, are to be submitted to the BBMR for final review and approval fifteen (15) work days prior to travel commencement date.

- F. The General Accounting Department will process advance payment of travel expenses prior to commencement of travel such as airfare and registration fee in accordance with the deadline requirements. Authorized per diem allowance will usually be processed and released to the traveler prior to departure or upon the availability of fund.

II. ACCOUNTABILITY OF EXPENSES AND REPORTING REQUIREMENTS:

- A. Within ten (10) working days upon reporting to work from official travel or from extended leave, the traveler must complete and submit the Travel Itinerary (see **Attachment 3**) to the Fiscal Services Division with the following supporting documents in order to complete the travel file:
1. Written travel report to be reviewed by immediate supervisor prior to Hospital Administrator's review and acknowledgment;
 2. All boarding passes (# of boarding passes will be dependent upon travel itinerary);
 3. Airline ticket or e-ticket;
 4. Certificate of Attendances;
 5. Hotel receipts.
- B. The Fiscal Services Division shall be responsible to maintain a record of outstanding Travel Authorizations and to show good faith effort in the collection of said outstanding travel documents. If the traveler does not submit all supporting documents listed under Section (A) above within ten (10) working days upon return from official travel, the paycheck of said traveler shall be withheld until all travel documents are satisfied (see **Attachment 4 – GMHA Informational Circular No. 6124 dated 7/6/06**).
- C. In accordance to Public Law 31-117 and the Department of Administration Organizational Circular No. 2012-008, it is a requirement that all government employees traveling at Government of Guam or Federal Government expense shall donate all mileage accrued to the Ayuda Foundation (see **Attachment 5A & 5B -GMHA Informational Circular No. 12-066 dated February 13, 2012 and Waiver Form**). Traveler shall follow the instructions of this circular to complete the donation process.

Note: The current website is: <https://secure.unitedmileageplus.com/CharityMilesSSO.jsp>

- D. If the traveler, upon return, is requesting for reimbursement, a written justification request must be submitted for approval by the immediate supervisor and the Hospital Administrator/CEO. The request must also be accompanied with an itemized statement of account (see Expense Report – **Attachment 6**) supported by all valid receipts of total accountable expenses incurred. Any miscellaneous expenses must be clearly itemized, specifying what the expenses were for.

Upon approval, the traveler shall submit the packet to the Fiscal Services Division. The traveler must also clear with the Budget Office to identify availability of funding prior to the processing of Travel Voucher for reimbursement. Reimbursement payment will not be honored without justification as well as true and accurate supporting receipts.

- E. Any traveler not in compliance with this policy shall be denied any future travel until all pending travel requirements are satisfied.
- F. The Fiscal Services Division will be responsible to maintain a complete record of all approved or disapproved travel funded by the Hospital or incurred on behalf of the Hospital.

RESCISSION:

Policy 6440-3, *Travel*, of the GMHA Administrative Manual made effective 06/1992.

Guam Memorial Hospital Authority
TRAVEL CHECK LIST

Attachment 1

Traveler: _____

___ Approved Travel Request (*Memo*)

___ Travel Expense charged to _____ Dept/Grant)

___ Venue & location _____

___ 3 airfare quotations (*3 different sources obtained at the same time period*)

	<u>Official Trip</u>	<u>w/Personal Trip</u>	<u>Traveler to Pay</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(Select the lowest/reasonable quotation)

___ Pay travel agent ___ Reimburse traveler (*need proof of payment*)

*Please note that if traveler has any side trip or extended stay for vacation, please also obtain an official trip quotation for record purposes and pay the difference at your own expense.

___ Registration \$ _____ (deadline: _____)
Pay _____ Reimburse _____ (*need proof of payment*)

___ Signed Administrative/Education/Annual Leave Form attached

___ Conference/Seminar/Training information (Brochures/Agenda) attached

___ 3 hotel quotations (*3 different sources for record*)
(Select the lowest/reasonable room rate)
(Justification may be required for audit purposes)

Other documentation:



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
TRAVEL REQUEST AND AUTHORIZATION

TA No. _____

Attachment 2A

NOTICE: See Section 1714, Chapter 17, Part 4, Volume III of the Government of Guam Manual for instructions.

1. TO Bureau of Budget Management Research	2. FROM (Name of requesting organization) Guam Memorial Hospital Authority	3. DATE OF REQUEST
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The following travel is REQUESTED AUTHORIZED

4. FULL NAME OF TRAVELER	5. TITLE OF TRAVELER	6. CHARGE ACCOUNT NUMBER GMHA -8800
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7. PLACES OF TRAVEL (if traveler is returning, so state) FROM: Guam TO:	8. APPROX. LENGTH OF TRAVEL (in days) Days
	9. APPROX. DATE TRAVEL COMMENCES

10. (A) DESCRIBE MODES OF TRAVEL DESIRED (Air, Ship, Train, Private Automobile, etc.) Air (Regular Economy)	(B) TRAVEL AGENCY DESIRED
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11. IF DEPENDENTS ARE AUTHORIZED FOR TRAVEL, GIVE NAMES, AGES, AND RELATIONSHPS OF EACH N/A

12. FULLY DESCRIBE PURPOSE OF TRAVEL (Use reverse if more space is necessary)	13. ENTER NUMBER OF TR'S ISSUED
---	---------------------------------

14. \$	15. HOUSEHOLD EFFECTS AUTHORIZED?
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A SIGNATURE (Name and title of requesting official) Joseph P. Verga, Hospital Administrator/CEO, GMHA	18. SIGNATURE (Name and title of authorizing official) John A Rios, Director, BBMR
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17. ESTIMATED COST OF TRAVEL (For use of Administration Department)	
(A) TRANSPORTATION OF TRAVELER	\$ _____
(B) TRANSPORTATION OF DEPENDENTS	_____ 0.00
(C) PER DIEM OF TRAVELLER _____ X _____ days (Orlando, Florida)	_____
(D) PER DIEM OF DEPENDANTS	_____ 0.00
(E) TRANSPORTATION OF HOUSEHOLD EFFECTS	_____ 0.00
(F) MISC. ALLOWANCES (must be itemized on 9c on Travel Cost Breakdown form)	_____ 0.00
(G) PRE-CONF TRAINING & CONFERENCE FEES (waived)	_____ 0.00
TOTAL COST (Estimated) \$ _____	

19. FOR CERTIFICATION OF AVAILABILITY OF FUNDS
_____ Certifying Officer
Date: _____

SIGNATURE (Cost Estimator)

20. TO TRAVELER, You are hereby authorized to perform the above described travel in accordance with the provisions of Section 1714, Chapter 17, Part 4, Volume III fo the Government of Guam Manual. Necessary tickets, transportation requests and other document

_____ HOSPITAL ADMINISTRATOR/CEO, GMHA	_____ DATE
21. I certify that I have received the material of Item 17.	
_____ TRAVELER'S SIGNATURE	_____ DATE

BUREAU OF BUDGET AND MANAGEMENT RESEARCH
TRAVEL AUTHORIZATION CHECKLIST

DEPARTMENT: Guam Memorial Hospital Authority	DATE RECEIVED BY BBMR:
DIVISION: Fiscal Services	TRAVEL AUTHORIZATION NO.: TA#
ACCOUNT NO. CHARGED: GMHA - 8800	TRAVEL AUTHORIZATION AMOUNT: \$

1. Is travel essential to the conduct of important government business?
2. Will travel result in securing additional revenues to the territory by achieving current or future cost-savings for government operations and/or programs and how it relates to the Agency's priority work program activities?
3. Is the travel required per existing contracts, law, or rule? If yes, attach documentation. If no, explain.
4. Is the travel federally funded in whole or in part?
 - a. If federally funded, was travel approved by grantor agency and reflected in approved application?
 - b. If local, is account charged appropriate for purpose of travel?
5. a. Is the number of days per diem computed correctly?
b. Is the number of days per diem justified and reasonable?
c. Are per diem rate and number of days reflected beside per diem line on Travel Authorization?
6. a. Is travel authorization request form completely filled?
b. Is appropriate account number accurately reflected?
7. Is airfare the lowest possible?
8. Is more than one (1) traveler attending the same conference, seminar, workshop, or meeting? If yes, attach Department's justification.
9. Is Travel Authorization request signed by appropriate signatories?
10. a. Was travel authorization request certified as to funding availability?
b. Are funds available for travel authorization?
11. Are all computations accurate?
12. Is A011 printouts attached? *(Traveler does not have any outstanding advance.)*
13. Is brochure of conference / training attached?
14. Is itinerary from travel agent attached?
15. If travel is for "meeting", is documentation from meeting official indicating times, dates and purpose of meetings attached?
16. Is Travel Authorization being submitted 15 work days prior to travel commencement date? If no, is explanation attached?

DEPARTMENT			BBMR		
YES	NO	N/A	YES	NO	N/A
X					
X					
		X			
	X				
		X			
X					
X					
X					
X					
	X				
X					
X					
X					
	X				
X					
X					
	X				
X					
X					

DEPARTMENT

PREPARED BY: _____

APPROVED BY: _____

Joseph P. Verga, Hospital Administrator/CEO

Print & sign

Date

Department Head

Date

BBMR ACTION

ANALYST RECOMMENDATION: _____

BBMR ANALYST: _____

APPROVED DISAPPROVED

DATE

Guam Memorial Hospital Authority
TRAVEL ITINERARY

	_____ DATE	
_____ TRAVELER'S NAME	_____ TRAVELER'S TITLE/DEPT.	_____ TA NUMBER

Was on travel status as follows:

<u>FROM:</u>	<u>TO:</u>	<u>MODE OF TRAVEL</u>
Date & Time of Departure: Left: (Guam)(Point of Hire)	Date & Time of Arrival Arrived: (Guam)	Air/Car
DATE: _____	DATE: _____	_____
TIME: _____	TIME: _____	

I certify that the above information and supporting documents are true and correct and are in compliance with the Hospital's Travel Policy No. 6440-3.

TRAVELER'S/EMPLOYEE'S SIGNATURE
SOCIAL SECURITY NO: _____
WORK PHONE: _____

***Note:** Please submit the following documents along with this itinerary:

1. Travel report (Summary addressed to Administrator outlining conference/training/seminar/program attended and how your attendance benefits the Hospital);
2. Original boarding pass;
3. Original airline ticket/e-ticket;
4. Certificate of Attendance, if any;
5. Hotel receipt;
6. All official expense receipts during travel are required if reimbursement is requested. Payment would not be honored without true and accurate supporting documents.



Guam Memorial Hospital Authority
Aturidat Espetat Mimuriat Guahan

850 GOV. CARLOS CAMACHO ROAD
 OKA, TAMUNING, GUAM 96913
 TEL.: (671) 647-2444 or (671) 647-2330
 FAX: (671) 649-0145



July 6, 2006

INFORMATION CIRCULAR NO. 6124

TO: All Department/Section Heads
FROM: Hospital Administrator / CEO
SUBJECT: HOSPITAL TRAVEL POLICY

It has come to my attention that employees who have attended off-island training or conferences have not abided by the Hospital's travel policy. As a reminder, those planning for off-island training or conference are subjected to the following travel requirements:

(1) SUBMISSION OF TRAVEL REQUEST

Request should be submitted to the Hospital Administrator/CEO for approval at least thirty (30) working days prior to the commencement of the travel. Upon approval, the travel request shall be forwarded to Fiscal Services with all supporting documentation and information as listed in the attached *Travel Check List* to process a Travel Authorization (TA). The TA will not be processed unless it meets the *Travel Check List* requirements.

(2) REPORTING REQUIREMENTS

Within ten (10) days upon return from the official travel, it is the responsibility of the employee to complete and submit for review by the Hospital Administrator/CEO the attached *Travel Itinerary Form* together with supporting documentation listed in the form. This reporting documentation will then be forwarded to Fiscal Services for verification of completion and record keeping.

(3) PER DIEM RATE

The Hospital has followed the Government of Guam and adopted the Federal Per Diem Rate. If you would like to view the per diem rate or print out for inclusion with a travel request, you may go to the following website: <https://secureapp2.hqda.pentagon.mil/perdiem/perdiemrates.html>

<http://www.defensetravel.dod.mil/>

Please be advised that effective the date of Informational Circular 6124, all travelers/employees who do not adhere to the travel requirements of the Hospital shall have their paycheck withheld until all travel documents are satisfied. Off-island travel is a means for the Hospital to garner knowledge for the improvement of the delivery of patient care and efficiency of operations. Such travel is afforded upon the benefit of government funds and thus fully accountable to the Hospital Administrator/CEO.

Please be guided accordingly.

Peter John D. Camacho, MPH
 Hospital Administrator/CEO



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96911
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

February 13, 2012

INFORMATIONAL CIRCULAR NO. 12-066

TO: All Department/Section Heads

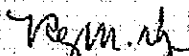
FROM: Hospital Administrator/CEO, Interim

SUBJECT: MILELAGE DONATION FOR GOVERNMENT OFFICIAL TRAVEL

Please be informed that effective October 1, 2011, all GMHA employees traveling at Government of Guam or Federal Government expense shall donate all mileage accrued to the Ayuda Foundation, a non-profit organization that assists indigent patients who require off-island medical care. Accrued mileage on personal trips shall not be included for donation.

Upon return from the official travel, the employee shall sign a waiver form for such donation and go into the continental website <http://www.continental.com/web/en-US/apps/onepass/donate/donateMiles.aspx> to complete the donation process. Please print out the confirmation page and submit to the Chief Financial Officer's office with proof of mileage from the airline for the official travel. There will be no fees associated with the transfer from employee's account to the Ayuda Foundation.

Please review the attached Public Law 31-117 and the Department of Administration Organizational Circular No. 2012-008 for detailed information and instructions and share with your staff.


REY M. VEGA

cc: GMHA Board of Trustees
President, Medical Staff
President, GMHA Volunteers Association



**GOVERNMENT OF GUAM
MEDICAL REFERRAL MILEAGE BANK ACCOUNT (MRMBA)
WAIVER FORM
Provide * Official Travel Itinerary ONLY**

PURPOSE AND AUTHORITY:

Applicable to ALL Government of Guam entities: To waive mileage points for donation to the Ayuda Foundation as required by DOA Circular No. 2012-008, in accordance to Public Law #31-117.

Provide *Official Travel Itinerary ONLY.		
TRAVELER'S NAME _____	DEPT/AGENCY'S TA NUMBER _____	TRANSFER CONFIRMATION NUMBER _____
Go To: http://www.continental.com/web/en-US/apps/onepass/donate/donateMiles.aspx		
Was on travel status as follows:		
DEPARTURE <i>(from Guam)</i>	ARRIVAL <i>(into Guam)</i>	MODE OF TRAVEL
DATE: _____ TIME: _____	DATE: _____ TIME: _____	Air <i>(Attach *Official Travel Itinerary showing Miles Traveled)</i>

COMPLIANCE:

All employees of the Legislative, Judicial and Executive Branches, including all government agencies, instrumentalities, autonomous and semi-autonomous agencies, public corporations, UOG, GCC, GVB, GDOE, all elected officials, individuals consultants of the government, members or boards and commissions, as well as non-governmental persons traveling at the Government of Guam or Federal Government's expense, shall donate all mileage accrued relating to the government travel to the Ayuda Foundation, or the Government of Guam mileage bank account.

Failure to comply will be in violation of Public Law No. 31-117 §23119 will result in the following: "An employee who fails to submit the confirmation copy of transfer of mileage to Ayuda evidencing the transfer of mileage pursuant to §23117 in this Act, shall pay the amount equal to the cost the airline mileage program charges for the purchase of miles times the mileage accrued on the completed travel. If the employee fails to submit the confirmation copy, the total amount shall be deducted from the employee's salary for four (4) pay periods or until the total amount is paid in full."

I certify that the above information and supporting documents are true and correct and are in compliance with Government travel regulations and the laws of Guam.

*** Official Travel Itinerary is exclusive of any non-governmental trip(s) taken.**

TRAVELER'S / EMPLOYEE SIGNATURE	DATE
I.D. TYPE / NUMBER :	
CONTACT NUMBERS :	
EMAIL ADDRESS :	

*(MUST ACCOMPANY *OFFICIAL TRAVEL ITINERARY)*

Expense Report

Company Name: Guam Memorial Hospital Authority
 Employee Name: _____

Detailed Expenses (with supporting receipts) :

Transportation	Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____	Totals
Miles Driven								
Reimbursement								
Parking and Tolls								
Auto Rental								
Taxi								
Other (Rail or Bus)								
Airfare								
Totals								

Lodging	Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____	Totals
Lodging								
Other								
Totals								

Food	Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____	Totals
Breakfast								
Lunch								
Dinner								
Other								
Totals								

Miscellaneous	Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____	Totals
Supplies/Equipment								
Phone, Fax								
Entertainment								
Other								
Other								
Other								
Totals								

Detailed Entertainment Record

Date	Place Name & Location	Business Purpose	Amount

Summary of Expenses

Total Expenses	
Less Cash Advance	
Less Company Charges	
Amount Due to Employee	
Amount Due to Company	

Prepared By : _____ Date: _____

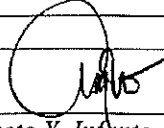
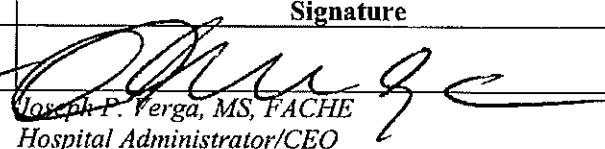
Approved By: _____ Date: _____

Trip Purpose: _____

**GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

- Bylaws Submitted by Department/Committee: Fiscal Services Division
- Rules & Regulations Policy No.: 6440-3
- Policies & Procedures Title: Travel

Reviewed/Endorsed	Date	Signature
	8/21/2014	
Title	<i>Aniceto Y. Infante Acting Chief Financial Officer</i>	
Reviewed/Endorsed	Date	Signature
	9/19/12	
Title	<i>Joseph P. Verga, MS, FACHE Hospital Administrator/CEO</i>	
Reviewed/Endorsed	Date	Signature
Title	<i>Name Title</i>	
Reviewed/Endorsed	Date	Signature
Title	<i>Name Title</i>	
Reviewed/Endorsed	Date	Signature
Title	<i>Name Title</i>	
Reviewed/Endorsed	Date	Signature
Title	<i>Name Title</i>	

***Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**