

ATTACHMENT VII

PATIENT TRANSFER EXPENSE REPORT
NOT PART OF THE MEDICAL RECORD

Escort Name: _____ Patient Name: _____
Date of travel: _____ Hospital No.: _____
Destination: _____

ACTUAL PER DIEM EXPENSES

INSTRUCTION: Record all expenses incurred as a result of the transfer for which Per Diem funds were used. Receipts are required in the event the escort is requesting for reimbursements.

Date	Commercial transportation	Car rental/taxi	Lodging	Meals	Tips	Others*	Daily total

* Explanation of Other _____ Amount _____ Total expenses: \$ _____
 _____ Cash advance Rec'd: (\$ _____)
 _____ Amount owed escort/GMHA: \$ _____

Escort Fees

Note: Departure Trip: Escort Fees are computed based on employee's hourly rate for the actual preparation time, Travel time, and time it takes to transfer and endorse patient to the receiving facility. Return Trip: Escort fees are computed based upon Administrative Leave Rate for the travel time from the receiving facility until arrival to Guam.

Preparation Date:		
Time In	Time Out	Total Hours
Travel from Hospital to Receiving Facility or Team, Date(s):		
Time In	Time Out	Total Hours
(Flight time)		
(Time to Facility /Team)		
Return to Guam Date:		
Time In	Time Out	Total Hours

Signature of Escort: _____ Date: _____

NOTE: Submit this Form to the Accounting Department within 72 hours upon return.