

**OCHSNER HEALTH SYSTEM**

**BUSINESS EXPENSE REIMBURSEMENT FORM**

This form is to be used by employees for Reimbursement of Business Related Expenses that are not overnight Travel or Seminar related. For example, expenses of departmental retreats or of attending a local Seminar or Meeting would be included here. The Seminar Registration Check Request and Related Travel Approval Form or the Mileage Reimbursement form is to be used for all other Reimbursement requests. Please have this form signed by your Program Director. This form, with all backup documentation, can be scanned and e-mailed to your Program Manager. Your Program Manager will send to GME Office ([sgalindo@ochsner.org](mailto:sgalindo@ochsner.org)) for processing.

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company: OCF \_\_\_ OHS \_\_\_ OCH \_\_\_ EFC \_\_\_ OMCBR \_\_\_ OMCNS \_\_\_ BH \_\_\_ BAYOU \_\_\_ THS \_\_\_

Dept. Name and Number: \_\_\_\_\_

Acct. Name and Number: \_\_\_\_\_

**Scanned Original Itemized Receipts Required**

Date	Description, Nature and Purpose of Expense (include names & titles of other parties involved)	Total

**Sub Total:** \_\_\_\_\_

Mileage Related to above events only \_\_\_\_\_ x .51cents/mile \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_  
Program Director's Signature

Printed Name/Approver: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_  
Donna Guidroz, Director - Graduate Medical Education

- Note 1:** Approval for reimbursement cannot be granted by any employee if they were involved in, or a party to the expense. The next appropriate level of authority must approve the reimbursement request in that case.
- Note 2:** This form relates only to reimbursement to employees. Payments to third parties cannot be requested or approved on this form.
- Note 3:** Please allow at least 3 weeks for processing and transit time.