



# Symposium Travel Reimbursement

## **Purpose:**

In order to support continuing risk management education, thereby reducing negligence claims, BETA Healthcare Group (BETA) will reimburse reasonable travel expenses for attendance at BETA's Risk Management Symposiums.

## **Scope:**

This policy applies to BETA members and insureds, which includes BETA Risk Management Authority and Health Providers Insurance Reciprocal, a Risk Retention Group.

## **Guidelines:**

### **1. Travel**

BETA will reimburse symposium attendees:

- a. **Mileage** at the IRS approved, round-trip rate (minus regular work commute miles), or
- b. **Round-trip coach fare** airline ticket at greater than or equal to two weeks advanced purchase price up to a \$300 maximum amount. If you qualify for airfare reimbursement, the mileage to the airport (minus regular work commute miles) and shuttle or taxi fare from the airport to the venue will also be reimbursed.
- c. **On-site parking** fees at the site of the symposium.
- d. **Hotel accommodations** at the designated hotel, for one night only (at the negotiated and single occupancy rate), if the commute to the symposium location is 40 miles or further from your home or closest airport.
- e. **Meals** up to \$60 per day; all itemized receipts must be provided.

NOTE: Expenses that will not be reimbursed include: meals during the symposium when meals are being provided, gratuities greater than 20%, laundry, valet, telephone, internet, in-room movie, health club and spousal/companion expenses.

### **2. Required Documents**

Itemized receipts are required for all expenses submitted for reimbursement, including the detailed hotel bill, and must accompany the completed reimbursement form.

### **3. Reimbursement Checks**

Reimbursement checks will be issued within ten business days following the receipt of your request.

### **4. Deadline for Submission**

Requests for reimbursement must be submitted within three months following the symposium.



# Symposium Travel Reimbursement

For reimbursement, please fill out the form below and send to:

Risk Management - Admin

BETA Healthcare Group  
330 North Brand Blvd, Suite 1090  
Glendale, CA 91203  
818.242.0123 **MAIN** | 818.547.3888 **FAX**

\_\_\_\_\_  
ATTENDEE NAME

\_\_\_\_\_  
HOSPITAL/FACILITY/MEDICAL GROUP

### SYMPOSIUM INFORMATION

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LOCATION

### EXPENSES

Hotel \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Air Travel \$ \_\_\_\_\_

Taxi / Shuttle / Parking \$ \_\_\_\_\_

Total miles driven \_\_\_\_ (-) less work commute \_\_\_\_ = Qualified mileage \_\_\_\_ x \$0.555 per mile \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

*Please attach all itemized receipts for expenses submitted.*

**Make check payable to:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PHONE NUMBER/EMAIL ADDRESS