

# Iowa Cancer Consortium Travel Policy

Effective Date: March 28, 2018 (Revised Policy)

Updated: July 11, 2019



By signing an Iowa Cancer Consortium [Travel Request Form](#) the traveler signifies that the identified expenses are accurate and complete and will not be claimed for reimbursement from any other source nor claimed as a tax deduction.

Original paper receipts or copies must accompany the Travel Request Form.

## I. Airfare

Only coach class airfare is allowable for Consortium employees on business travel. Flights must be booked 14-21 days in advance unless expressly approved by the Board Chair or another Board member in their absence.

## II. Lodging

Lodging reimbursement is limited to the actual/reasonable cost of a single room plus applicable taxes. Lodging rates must follow specific grant/program guidelines.

## III. Meals

Actual meal expenses should be claimed and may not exceed the daily allowance for each destination. Additionally,

- Meal tips should be included in the meal claim and may not be claimed as a separate expense. Tips will not be reimbursed above 15% of the cost of the reimbursed item before tax, delivery fees, etc. Total amount, including tip, will be reimbursed up to the allowed amount listed in the table below.
- Claims up to the full maximum are allowed on full days of travel.
- When meals are provided as part of a conference or meeting, travelers will not be reimbursed for the cost of the meal when the traveler chooses to eat outside the conference.
- Meal costs over the maximum allowance are at the traveler's expense.
- Alcohol is not a reimbursable travel expense.
- Itemized receipts for all meal claims must accompany the [travel request](#).
- If one person pays for meals for another individual(s) these expenses should be claimed on the travel voucher of the individual who paid. The person who did not pay should not claim an expense for that specific meal on their voucher.
- In order to be reimbursed for meals as travel expenses, the traveler must be in travel status during the following time frames to qualify for individual meal reimbursements:

	<b>Departure Date Leave Prior to</b>	<b>Return Date Arrive After</b>	<b>Meal Allowance</b>
<b>Breakfast</b>	6:00am	8:00am	Rates must follow specific grant guidelines. Currently \$12.00



<b>Lunch</b>	11:00am	1:00pm	Rates must follow specific grant guidelines. Currently \$15.00
<b>Dinner</b>	5:30pm	7:30pm	Rates must follow specific grant guidelines. Currently \$29.00

Travel status is defined as the time the traveler leaves their home or office until the time the traveler arrives at their home or office (not flight times).

#### **V. Mileage**

Reimbursement at a rate of \$.50/mile is applicable, unless otherwise specified by a grant or contract agreement.

#### **VI. Personal Automobile**

Any person authorized to travel on Consortium business may choose to use their personal automobile, but does so at their own risk and is personally responsible for all costs of operation, including repairs to the automobile, and for public liability and property damage. An individual may also choose to rent a standard size automobile from a Consortium-preferred vendor.

#### **VII. Acknowledgment**

I have read and understand the purpose of the Iowa Cancer Consortium's travel policy. I understand that strict adherence to this policy is a condition of my employment with the Consortium. If I do not understand something regarding this policy, I will contact the Iowa Cancer Consortium Executive Director immediately for clarification. I agree to abide by the Consortium's policy.

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Signature

Date

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Name (print)