



MASSACHUSETTS
MEDICAL SOCIETY

Reimbursement Guidelines for the MMS House of Delegates Meeting (Updated July 2011)

1. Lodging:

Current MMS policy allows delegates, when attending a meeting of the House of Delegates, to obtain reimbursement for up to two nights' accommodation. Reimbursement for MMS delegates is provided for the evening (December 1, 2011) before opening session and/or between the two sessions of the House (December 2, 2011) and is applicable for the cost of the negotiated MMS group single rate, tax and self parking. Upgrades will be at the delegate's expense. Requests for reimbursement for additional hotel nights for the House of Delegates meeting should be directed to the MMS Executive Office (800-322-2303 x7117) prior to the meeting. The President or the President's designee may authorize additional hotel nights based upon travel time or extenuating circumstances involved in the delegate's mobility.

Reference Committee Members: 1 additional night hotel *prior to reference committee hearings*.

Delegates choosing to request reimbursement should submit an original receipt for the paid hotel bill, along with a signed MMS expense form (available at the Interim Meeting Registration Desk and in your Day 2 packets), to Massachusetts Medical Society, Governance Meetings and Services, 860 Winter Street, Waltham, MA 02451.

2. Meals:

- The Society provides meals to delegates as part of all business functions of the House. Meals outside of regular business sessions will not be reimbursed.

3. Transportation/Mileage:

- ***Only residents and students are allowed reimbursement for mileage for attendance at House of Delegates meetings*** (at 0.555 cents/mile). Travel Reimbursement Guidelines for reimbursement must be followed [Resolution: 302, A-96 (C)]. Delegates who request reimbursement for mileage to MMS HOD meetings are required to submit requests to the President in advance. Requests will be considered on a case-by-case basis and the Society will take into account issues of hardship. The Society does not encourage, nor can it sustain, reimbursement for mileage for all delegates.

4. Incidentals:

- Incidental expenses are the responsibility of the delegate.

These include, but are not limited to:

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| ○ Phone calls | ○ Personal expenses |
| ○ Laundry services | ○ Companion expenses |
| ○ Mini-bar items | ○ Movies, health club fees & other entertainment expenses |
| ○ Fines for parking or moving violations | ○ Room Service |

Lost or stolen personal property is the responsibility of the delegate.

The Society will reimburse for reasonable tips for help with luggage.

5. Process for obtaining reimbursement:

- When in doubt of procedures or for specific approval, contact the President or Executive Vice President for clarification before committing to the expense. Only the President provides the authority for individual members to incur costs for reimbursement for official Society business.
- Delegates requesting reimbursement, within the Guidelines listed above, should submit their request within 30 days to: Ms. Judy Harless, Governance Meetings and Services, 860 Winter Street; Waltham, MA 02451-1411. Please keep a copy of your expense report for your records.
- Unresolved situations concerning reimbursement of expenses for delegates shall be referred to the President and Chair of the Finance Committee. Unresolved appeals will be referred to the Committee on Administration and Management of the Board of Trustees.

DELEGATE EXPENSE REPORT 2011 INTERIM MEETING

DIVISION: MMS
PROJECT NAME: Interim HOD Meeting (100/81000/000689)

NAME (please print): _____

ADDRESS: _____

I AM A DELEGATE FOR (DISTRICT/SECTION): _____

DATE: _____

	Company	Accounting Unit	GL Acct. Code	Amount	Activity Number	Account Category
HOTEL EXPENSE*	100	81000	770140		000689	77014
PARKING EXPENSE	100	81000	770130		000689	77013
MILEAGE EXPENSE (RESIDENTS & STUDENTS ONLY)	100	81000	770120		000689	77012
Amount Due to Delegate						

***Society will reimburse for December 1 and/or December 2, 2011 at the group rate of \$139 plus tax**

<p><i>I certify that I am a delegate and that the above expenses were incurred at the 2011 Interim Meeting.</i></p> <p>Delegate Signature: (required)</p>	<p>Approved By: _____</p> <hr/> <p>Second Approval: _____</p>
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STAPLE ORIGINAL RECEIPTS TO EXPENSE REPORT AND RETURN COMPLETED FORMS TO:

Ms. Judy Harless, Governance Meetings and Services
860 Winter Street; Waltham, MA 02451-1411

Requests for reimbursement should be submitted within 30 days.

ACCOUNTS PAYABLE ONLY

APPROVAL VERIFIED: _____

DELEGATE VERIFIED: _____

RECEIPTS VERIFIED: _____

MATH VERIFIED: _____

AUTHORIZATION VERIFIED: _____

VOUCHER #: _____
VENDOR #: _____
ENTITY #: _____