

- a. The traveler pays the cost difference or;
 - b. The traveler can document that no other option exists, and the selected flight is the most practical and the only option for travel.
2. Reservations for air transportation should be booked as early as possible to take advantage of lower costs and discounted rates.
 3. Any claims for payment or reimbursement must be accompanied by a receipt for the purchase and a copy of the ticket or other voucher for common carrier expenses.
 4. Travelers utilizing a personal or rental vehicle are required to have a current driver's license and valid automobile insurance with at least the minimum limits required by the State of California, or if registered/licensed out of state, the insurance must be equal to or greater than the minimum limits required by the State of California.

B. OBTAINING TRAVEL AUTHORIZATION

1. Travelers must obtain prior written approval from IEHP for all IEHP business related travel.

C. LODGING

1. Traveler is responsible to reserve and expense lodging rates (excluding taxes and fees) comparable to the federal government's rate or within a standard reasonable rate. Government or group rates should be used when available.
2. Travelers are to refer to the U.S. General Services Administration (GSA) website as guide to view current federal government lodging rates. Rates by area can be found at <https://www.gsa.gov/portal/category/100120>. These rates exclude taxes. If the government rate is not available, travelers should add 25% to the rate listed to determine a standard reasonable rate. If such rates are not available, a hotel's discounted rate or the lowest available rate should be used.
3. Under special circumstances when specified lodging rates cannot be obtained or when the traveler is staying at the same hotel where the conference or meeting is being held, exception to the maximum per diem lodging rate will be granted. In addition, should the hotel where the conference or meeting is being held is at capacity, it is with best interest and most practical to book the nearest hotel considering the accumulative travel costs to and from a further hotel that is least expensive.

D. MEAL REIMBURSEMENTS

1. Per diem meal rates are permissible during authorized business-related travel. The method selected must be used for the entire trip. The IEHP standard claimable per diem rate is \$56.00. The maximum actual cost claimable rate with itemized receipts is \$80.00.

All maximum claimable costs will not be approved without proper supporting documentation.

2. Tips in excess of 20% of the cost of a meal will not be reimbursed. Tips made at fast food restaurants and/or convenience stores will not be reimbursed.
3. No reimbursement shall be made for alcoholic beverages of any kind.

E. RENTAL CARS

1. Discounted rates must be used when possible.
2. Actual costs evidenced by an original, dated receipt and including all related taxes and other fees should be submitted along with actual gas receipts (dated, vendor name printed on the receipt) for the purchase of gas for the rental vehicle.
3. The rental vehicle may include a global positioning system (GPS) if said equipment is standard; only standard equipment is allowed and no rental car charges or reimbursement will be made for cars above the mid-range size unless four or more employees are traveling in the same vehicle and this information is documented in the reimbursement information.
4. Optional Pre-Paid Fuel Service Option (FSO): Travelers on IEHP business should decline the optional Pre-Paid Fuel Rate offered by the rental companies. The rental car should be returned with the same amount of fuel when rented.

F. TRANSPORTATION – PERSONAL VEHICLE

1. Reimbursement for use of a personal vehicle shall be allowed upon written authorization from IEHP. IEHP's personal vehicle mileage reimbursement rate is the same rate as the Internal Revenue Service (IRS) standard mileage rate for personal vehicles.
2. Allowable mileage reimbursement for IEHP business travel:
 - a. Current business mileage rates can be found at <https://www.irs.gov/tax-professionals/standard-mileage-rates/>.
 - b. Reimbursable mileage is distinguished from commuter mileage, which is mileage from home to a regular, main or temporary place of work and back. Commuter mileage is not claimable.
 - c. Personal vehicle usage when traveling on business related meeting/ events, reimbursable mileage claims must be over normal commuter mileage.
 - d. Documentation of the mileage traveled, and base mileage must be submitted by traveler.

3. Vehicle must be insured to at least the minimum limits required by the State of California, or if registered/licensed out of state, the insurance must be equal to or greater than the minimum limits required by the State of California.
4. Traveler must possess a valid driver's license, which is appropriate for the class of vehicle to be operated.
5. The use of motorcycles, mopeds, and similar types of vehicles for the conduct of IEHP business is expressly prohibited.
6. When IEHP authorizes use of a personal or rental vehicle for the convenience of the driver, instead of a more economical travel by air, reimbursement should not exceed the cost of usual airfare if the travel is more than 200 miles from IEHP.

G. INCIDENTAL AND OTHER REIMBURSEABLE EXPENSES

1. Miscellaneous expenses, including charges for business telephone calls, fax service, internet service, e-mail services, the cost of usual or necessary services and supplies, conference registration fees, fuel, and any other justifiable business expenses shall be allowed if they represent a valid business need.
2. A satisfactory explanation of the circumstances is required for these expenditures. A request for reimbursement of actual miscellaneous expenses shall be accompanied by an original receipt. Personal telephone calls and personal internet usage are not reimbursed.
3. IEHP will reimburse travelers for a reasonable amount of incidental expenses where these are usual and customary, up to the GSA per diem limit (currently at \$5 per day) or actual expenses with receipts. Incidental expenses are defined as fees and tips given to porters, baggage carriers and hotel staff. This does not include tips for meals as they are included in the daily per diem meal allowance.
4. Airport and self-parking fees are reimbursable for the duration of necessary IEHP business travel.
5. Toll charges will be reimbursed if no other option for necessary travel is available.

H. EXTENDED TRAVEL FOR PERSONAL REASONS

1. If Travelers choose to extend their travel for personal reasons, IEHP will cover only the base travel expenses and any additional cost above the base is the sole responsibility of the traveler.
2. Expenses incurred as a result of a traveling companion on IEHP business related trips are not reimbursable.

I. CANCELLATION/CHANGES

1. Cancellation/change fees will be reimbursed by IEHP only if the cancellation/change is requested by IEHP.

J. EXPENSE REIMBURSEMENT

1. All expenses must have receipts attached to receive reimbursement. If the per diem method for meal reimbursement is chosen, receipts are not required.
2. Expense reimbursement payments are made via ACH.

K. NON-REIMBURSEABLE EXPENSES

1. The following incidental and personal expenses are generally not allowable for reimbursement:
 - a. Traffic and parking violations
 - b. Mileage for commute to work
 - c. Emergency repairs on vehicles
 - d. Alcoholic beverages
 - e. Refreshments and snacks
 - f. Personal entertainment, e.g. in-room movies, saunas, fees for exercise room, etc.
 - g. Airline club membership fees and credit card fees
 - h. Upgrades to flights, airline seating class, car rental, or hotels
 - i. Childcare fees
 - j. Kennel/boarding fees
 - k. Expenses related to vacation or personal time while on business trip.
 - l. Expenses related to a traveling companion accompanying the traveler on business trips.
 - m. Other incidental expenses that are determined to be of a personal nature, extravagant, or considered to be unreasonable or unnecessary.

L. ATTACHMENTS

1. Attachment 1 – *W-9 form*
2. Attachment 2 – *Electronic Funds Transfer (EFT) Authorization Agreement*
3. Attachment 3 – *IEHP Travel Expense Report*

ATTACHMENT 1

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2> <p style="margin: 0;">▶ Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.
--------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Print or type. See Specific Instructions on page 3.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;">1</td> <td style="border: none;">Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</td> </tr> <tr> <td style="border: none;">2</td> <td style="border: none;">Business name/disregarded entity name, if different from above</td> </tr> <tr> <td style="border: none;">3</td> <td style="border: none;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ </td> <td style="width: 30%; border-left: 1px solid black; padding-left: 10px;"> 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td style="border: none;">5</td> <td style="border: none;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Address (number, street, and apt. or suite no.) See instructions.</td> <td style="width: 40%;">Requester's name and address (optional)</td> </tr> <tr> <td style="border: none;">6</td> <td style="border: none;">City, state, and ZIP code</td> </tr> <tr> <td style="border: none;">7</td> <td style="border: none;">List account number(s) here (optional)</td> </tr> </table> </td> </tr> </table> </td> </tr> </table>	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	2	Business name/disregarded entity name, if different from above	3	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ </td> <td style="width: 30%; border-left: 1px solid black; padding-left: 10px;"> 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td style="border: none;">5</td> <td style="border: none;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Address (number, street, and apt. or suite no.) See instructions.</td> <td style="width: 40%;">Requester's name and address (optional)</td> </tr> <tr> <td style="border: none;">6</td> <td style="border: none;">City, state, and ZIP code</td> </tr> <tr> <td style="border: none;">7</td> <td style="border: none;">List account number(s) here (optional)</td> </tr> </table> </td> </tr> </table>	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	5	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Address (number, street, and apt. or suite no.) See instructions.</td> <td style="width: 40%;">Requester's name and address (optional)</td> </tr> <tr> <td style="border: none;">6</td> <td style="border: none;">City, state, and ZIP code</td> </tr> <tr> <td style="border: none;">7</td> <td style="border: none;">List account number(s) here (optional)</td> </tr> </table>	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	6	City, state, and ZIP code	7	List account number(s) here (optional)
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7	List account number(s) here (optional)																

Part I	Taxpayer Identification Number (TIN)									
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		Social security number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-							
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		or Employer identification number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-							

Part II	Certification
Under penalties of perjury, I certify that: <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ATTACHMENT 2



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

This form is being completed in response to:

- Fax
 Receipt via Mail
 IEHP's website
 New Contract with IEHP

Directions: Complete all information and attach a voided check or an image of the voided check to this form. You have the option: (1) mailing the completed form to: Accounts Payable, PO Box 1800, Rancho Cucamonga, CA 91729-1800, (2) faxing it to (909) 890-5752 or (3) e-mail it to vendormaintenance@iehp.org

Application and Authorization for Vendor Direct Deposits

REASON FOR SUBMISSION

- New Setup
 Cancellation
 Change Financial Institution
 Change Account Number

PAYEE IDENTIFICATION *(all fields required)*

Provider/Vendor Name
Provider/Vendor TIN (Tax Identification Number)
Provider/Vendor E-mail
Provider/Vendor Contact Phone Number
Provider/Vendor Street Address
Provider/Vendor City
Provider/Vendor State
Provider/Vendor Zip Code
Provider NPI

John Smith 123 Your Street Anywhere, USA 12345	63-88 670	0555
PAY TO THE ORDER OF _____		\$ _____
		DOLLARS
YOUR BANK	000-001 123 Main Street Anywhere, USA 12345	SAMPLE (NON-NEGOTIABLE)
FOR	<input type="text" value="06300471"/> : <input type="text" value="1234567890"/>	

ABA Number

Account Number

FINANCIAL INFORMATION *(all fields required)*

Financial Institution (Depository) Name	
Transmit/ABA Number <i>(9 digits)</i>	
Account Number	
Requested EFT Start/Change/Cancel Date	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Printed Name of Person Submitting Enrollment
Signature of Person Submitting Enrollment
Printed Title of Person Submitting Enrollment
Submission Date

We authorize Inland Empire Health Plan to initiate credit entries to the account indicated above and the financial institution named above hereinafter called Depository, to credit the same to such account. It is our responsibility to notify IEHP Provider Services at (909) 890-2054 within a reasonable time if we become aware of any changes in status or banking information. It is our responsibility to notify Provider Services within a reasonable time if we believe there is a discrepancy between the amount deposited directly to our bank account and the amount of the invoices/claims paid. This authority is to remain in full force and effect until IEHP has received written notification from us of its termination in such time and in such manner as to afford IEHP and Depository a reasonable opportunity to act on it.

Revised 06/07/18

ATTACHMENT 3



Travel Expense Report

Instructions:

1. Please submit pre-approved travel expenses on the form below. Refer to IEHP's Travel and Expenditure Reimbursement Policy for Vendors, Contractors, Business Associates, and Employment Candidates for a complete list of reimbursement guidelines.
2. Ensure all fields are completed.
3. Provide copy of event documentation, completed W-9, and all detailed receipts.
4. Submit travel expense report to apinvoices@iehp.org.
5. Keep a copy of Travel Expense Report and all receipts for your records.
6. Please allow 30 business days for processing.

Business:	Destination:
First Name:	Last Name:
Address:	Phone:
City, State, Zip:	E-mail:

Expense	Date							Total
	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Lodging								
Meal Per-Diem - Full Day								
Meal - Breakfast								
Meal – Lunch								
Meal – Dinner								
Airfare/Train								
Uber/ LYFT/ Taxi/ Bus								
Personal Auto - Miles								
@ .58 Effect. 01/01/19								
Daily Total								
Other Expenses								
Description	Amount						Total Daily Expense	
							Add Other Expense	
							Total Expense	
							Net Due	
Total Other Expenses								

Participant Signature

Date