

**LSU HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

**POLICY NUMBER:** 0005-04

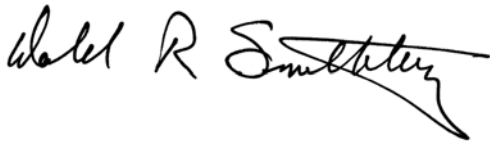
**CATEGORY:** Miscellaneous

**CONTENT:** **Procedures for Payments over \$1,000 by Affiliated Organizations to or on behalf of LSU Employees**

By authority of: Act 710 of the 2004 Regular Session

**EFFECTIVE DATE:** Issued: August 15, 2004

**INQUIRIES TO:** Planning, Program Development & Governmental Relations  
LSU Health Care Services Division  
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9-7-04

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Vice Chancellor and CEO  
LSU Health Care Services Division

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Date



8-31-04

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Deputy Chief Executive Officer  
LSU Health Care Services Division

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Date



8-15-04

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Marcia Daigle, Director  
Planning, Program Development & Governmental Relations  
LSU Health Care Services Division

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Date

## **Procedures for Payments over \$1,000 by Affiliated Organizations to or on behalf of LSU Employees**

### **I. PURPOSE**

This policy is designed to adhere to Louisiana law regarding payments of over \$1,000 which are made to or on behalf of LSU employees by affiliated organizations.

### **II. STATUTE**

The law in pertinent part, on which this policy is based as follows:

[Louisiana Act 710 of the 2004 Regular Session \(LA RS 17:3390\(F\)\)](#) reads, “Notwithstanding any other provision of this Section or of other law to the contrary, any request for payments of over one thousand dollars for any single transaction to, or on behalf of, or to reimburse the expense of a public employee of a public higher education institution or a [public employee or officer of a management board of a public higher education institution by a nonprofit organization] shall be approved in writing by the appropriate public higher education management board in accordance with written policies and procedures. All requests, approvals, and documents provided to a higher education institution or management board in connection with such requests or approvals shall be retained by the public higher education institution or public higher education management board and shall be subject to inspection, examination, copying, and reproduction in accordance with the provisions of [R.S. 44:1 et seq.](#)”

This law was established under Act 710 of the 2004 Regular Session.

### **III. POLICY**

Any LSU employee who requests payment of expenses of over one thousand dollars for a single transaction that is to be reimbursed or directly paid by a nonprofit organization must obtain written approval pursuant to University policies and procedures.

### **IV. PROCEDURE**

- a. An employee must submit a copy of any request for payments ([Attachment 1 and 2–Excel Format](#)) of more than \$1,000 per single transaction to be reimbursed or directly paid by an affiliated nonprofit organization to his/her business office on an official expense reimbursement form. The request for reimbursement must contain date, place, reason and purpose of expense, persons present (if relevant), receipts, proof of expenses, and supporting documents as the circumstances require.
- b. The completed request form must be signed by the person requesting reimbursement or payment and by his/her supervisor, as applicable in accordance with existing University policy.

- c. The approved request is to be submitted to the public higher education institution management board of public higher education or nonprofit organization for reimbursement or direct payment in accordance with their policies, the Affiliation Agreement and University policy.
- d. Records of the request, approval, and supporting documents in possession of the business office are subject to a public records request pursuant to [Louisiana R.S. 44:1 et seq.](#), and shall be maintained as public records in accordance with law and University policy.
- e. No factually single transaction shall be structured or separated to avoid the provisions of the controlling statute or University policies and procedures. Reasonable doubt in connection with the determination of whether there is a single transaction shall be resolved in favor of creation of the public record.

**V. APPLICABILITY**

This policy shall apply to all medical centers of the LSUHCSD.

**VI. IMPLEMENTATION**

This policy becomes effective upon the approval and signature of the HCSD Chief Executive Office or designee. Subsequent revisions to this policy shall become effective on the date the revised policies are approved by the Chief Executive Officer of the LSUHCSD or his/her designee.

**VII. RESPONSIBILITY:**

It shall be the responsibility of the each Hospital Administrator or designee(s) to adhere to the procedures set forth in this policy.

**Expense Account Form**

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

Name of Officer or Employee		Authorization Number	Date of Claim
Address		Social Security Number	Office
City			Division
			Section
			For Period

Expense Summary

Expense Summary			
	ADVANCE RECOUPMENT		-\$
Transportation	Automobile	miles @ <b>0.34</b>	<b>\$0.00</b>
	Airplane		
	Other (shuttles)		<b>\$0.00</b>
Subsistence	Lodging		
	Meals		<b>\$0.00</b>
Tolls and Parking Tips Other Expenses	phone charges		
Total Reimbursement Cost			<b>\$0.00</b>

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Signature by Payee: \_\_\_\_\_ Title or Position \_\_\_\_\_ Official Domicile \_\_\_\_\_

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

Signed by: \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Approved for Payment

Audited by: \_\_\_\_\_ Undersecretary, Asst. Secretary or Designee \_\_\_\_\_

Remarks by Head of Budget Unit in Explanation of Unusual Items, etc.

Check if Special Authorization

Agency No.	Organization No.	Object	Sub Object	Reporting Category	Amount

