

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

POLICY NUMBER: 2537-11 (formerly 0005-09)

CATEGORY: Fiscal Services

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

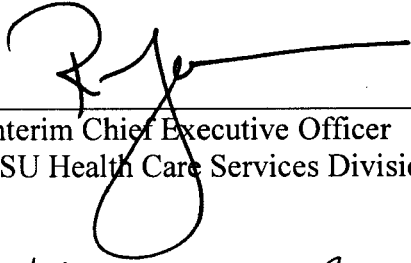
By authority of: Act 710 of the 2004 Regular Session

EFFECTIVE DATE: Issued: August 15, 2004

REVIEWED/REVISED: December 4, 2009

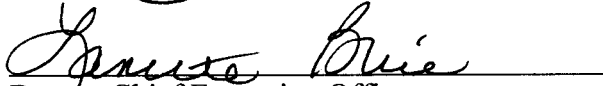
REVIEWED: February 22, 2011

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Interim Chief Executive Officer
LSU Health Care Services Division

3.7.11
Date



Deputy Chief Executive Officer
LSU Health Care Services Division

2/23/2011
Date



Senior Director of Financial Services
LSU Health Care Services Division

Feb 22, 2011
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 is 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 LSUHCSD 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 Louisiana State University Health Care Services Division policies and procedures.

IV. PROCEDURE

- a. An employee must submit a copy of any request for payments 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. (Attachment 1 and 2– Excel Format) 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 policy.

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- 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 Louisiana State University Health Care Services Division 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 Louisiana State University Health Care Services Division 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 LSU-HCSD.

VI. IMPLEMENTATION

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

Date of Claim
Office
Division
Section
For Period

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
Address	Social Security Number
City	

Expense Summary

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

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

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