

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

POLICY NUMBER: 2537-23

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

APPLICABILITY: This policy applies to all employees of the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC).

EFFECTIVE DATE: Issued: August 15, 2004
Revised: December 4, 2009
Reviewed: February 22, 2011
Reviewed: May 24, 2012
Revised: February 28, 2014
Reviewed: January 20, 2015
Reviewed: July 6, 2017

INQUIRIES TO: Health Care Services Division
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Note: Approval signatures/titles are on the last page

**LSU HEALTH CARE SERVICES DIVISION
PAYMENTS OVER \$1,000 BY AFFILIATED ORGANIZATIONS**

I. STATEMENT OF POLICY

This policy is designed to adhere to Louisiana law regarding payments of over one thousand dollars (\$1,000) which are made to or on behalf of Health Care Services Division (HCSD) employees by affiliated organizations.

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.

Note: Any reference herein to Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

II. IMPLEMENTATION

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCSD Chief Executive Officer or Designee.

III. PROCEDURE

Any HCSD employee who requests payment of expenses of over one thousand dollars (\$1,000) 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.

- 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.
- 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 HCSD 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 HCSD 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.

IV. RESPONSIBILITY

It shall be the responsibility of the each HCSD employee to adhere to the procedures set forth in this policy.

V. EXCEPTION

The HCSD CEO or designee may waive, suspend, change or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and Regulations; LSU Policies/Memoranda; or any other governing body regulations.

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.

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

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

Date	Hour		Territory Traveled Show all Points Visited	Odometer Reading		Miles Trav.	Subsistence		Tolls and Park.	Tips	Other Expenses	
	Dep.	Arr.		Depart	Arrive		Lodging	Meals			Description	Cost
						0						
						0						
Totals						0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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