



Travel Medication Reimbursement Policy

In support of the university's commitments to global education and healthy lifestyles, Human Resource Services will reimburse eligible employees for work-related travel medications.

To be eligible for reimbursement you must:

- Be a benefit-eligible PLU employee
- Complete a Travel Medication Reimbursement Form and obtain verification from your supervisor (signature)
- Provide adequate documentation so the services and reimbursement amount may be easily determined

Medication may be prescribed by the Group Health travel nurse, your personal physician, or another qualified medical provider. This policy also covers costs associated with follow-up travel medications.

Work-related travel medications may include those needed in a variety of situations including: attending an international professional conference, leading a J-term, summer-session or semester-abroad class, representing PLU on official business, or the pursuit of scholarly work. **PLU will not cover non-work related travel medications or medical consultation fees. If there is any doubt about whether or not your planned travel is work-related, please consult with your supervisor in advance.**

If you have any questions about this policy, please contact Human Resources:

Teri Phillips – 253-535-8325
Aileen Ochinang – 253-535-8146



Travel Medications Reimbursement Form

Name:	PLU ID or SSN:
Department:	Campus Phone:
Supervisor's Name:	Email:
Travel Destination:	Dates of Travel:

Travel Medications are for (please check appropriate box):

- Professional Conference
- J-term or Summer Session Class
- Semester Class
- Pursuit of Scholarly Work
- Representing PLU on Official Business
- Other Work-related Reason (specify)

Date of Service	Description of Medication/Service	Amount of Expense

Please attach documentation of expenses that includes:

- Provider of service
- Original date of service
- Charges for the service

PLU will not accept cancelled checks or credit card receipts or a bill or receipt that only shows a balance forward/previous balance/or payment due.

Employee
Signature: _____ Date: _____

Supervisor
Signature: _____ Date: _____

Signature by supervisor verifies that the above expenses were work-related as defined by policy.