

## Hepatitis B Vaccine

All PLU staff who have a risk of occupational exposure to blood or other potentially infectious materials shall be offered, at no expense to themselves, the Hepatitis B vaccination series.

Employees with an in-network-only-plan should get the vaccine shots from their in-network healthcare provider at no cost to them. It is strongly suggested that you receive all three injections from the same provider.

This vaccine is also available at local pharmacies including Walgreens on Pacific Ave. near PLU. If you choose to get the shots done at any of these locations, ***check your insurance plan to ensure that the pharmacy belongs to the preferred provider network.*** In a situation where your insurance does not cover this cost, you will be reimbursed by PLU. **Due to the length of time between injections, you may ask to be reimbursed separately each time you receive one.**

See the reverse side of this document for reimbursement form.

The Hepatitis B vaccine is an injection (or shot) that is generally given in the arm and as a three-dose series on a 0, 1, and 6-month schedule. The recommended doses depend on the vaccine brand and the person's age.

1st Shot - At any given time.

2nd Shot - At least one month (or 28 days) after the 1st shot

3rd Shot - At least 4 months (16 weeks) after the 1st shot (and at least 2 months after the 2nd shot).

Hepatitis B Vaccine provided by: \_\_\_\_\_

*(name of physician, pharmacy, or other health care provider)*

Date of injection #1: \_\_\_\_\_

Date of injection #2: \_\_\_\_\_ (should occur 1 month after injection #1)

Date of injection #3: \_\_\_\_\_ (should occur at least 2 months after injection #2)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

***Please turn in all completed forms and any receipts to PLU EH&S Manager.***



# Pacific Lutheran University Payment Request Form

Reason for Payment (mark appropriate box):

Date:

- Reimbursement (Attach original receipts - Credit card slips alone are generally not sufficient documentation)
- Honorarium (Attach supporting documentation)
- Other (Enter business purpose in description box below)

IRS Form W-9 required for first-time U.S. citizen/entity payees (excluding student/faculty/staff)

Payee Name:

Payee Address:

PLU ID, Social Security, or Federal Tax ID Number:

**Privacy Act Notice:** IRC Section 6109 requires most recipients for services performed to give taxpayer identification numbers to payers who must report the payments to the IRS. The IRS uses the numbers for identification purposes. Payers must be given the numbers whether or not recipients are required to file tax returns. Payers must generally withhold taxes from taxable payments to a payee who does not furnish a taxpayer identification number to a payer. Certain penalties also apply.

Mark all that apply:

- U.S. Citizen/U.S. Entity
- Faculty/Staff
- PLU Student
- Non-Resident Alien/Foreign Entity -See Procedures for Paying non-US Citizens on BUSO web page
- Resident Alien

FOAP (XXXXXX - XXXX - XXXX - XX)	Description of Expense (Briefly describe business purpose)	Amount
<input type="text"/>	Hepatitis B vaccination series (3 injections)	<input type="text"/>
110001-6309-6126-61	Injection #1	<input type="text"/>
110001-6309-6126-61	Injection #2	<input type="text"/>
110001-6309-6126-61	Injection #3	<input type="text"/>
Total		<input type="text"/>

Disposition of Payment (mark appropriate box):

- Mail Check (with enclosure)
- Send Check via Campus mail
- Pick up Check in Business Office
- Mail Check (no enclosure)
- ACH (Required for faculty/staff payees)

Payment Requested By (Print):	Mary Jones
Requestor (Signature):	<input type="text"/>
Phone/Ext. #:	7233
Financial Mgr. (Signature):	<input type="text"/>

Enter data electronically or print out to manually enter data.

**Please turn in all completed forms and any receipts to PLU EH&S Manager.**