

# IHE USA Per Diem Request Form

*Thank you for volunteering your services to the many members and benefactors of IHE USA.  
We value your support and commitment to our organization.*

**IHE USA Per Diem Policy:** All authorized non-staff individuals traveling on IHE USA business will be paid a per diem of \$70.00 per day for scheduled events. The per diem will cover meals outside those provided by IHE USA and all travel expenses excluding airfare and lodging. Per diem payments can be paid in advance or submitted no later than February 16, 2015. Submission of receipts is not required for payment of the per diem amount.

**Forms 1099:** As required by the IRS, a Form 1099 will be issued to all individuals receiving per diem or expense reimbursement payments totaling \$600.00 or more in any calendar year. It is the responsibility of the individual receiving payment to keep their expense records for submission with their personal tax filing (if necessary).

**Next Steps:** Upon completion of the Per Diem Request Form, please return the signed PDF to Derek Czaplowski at [dczaplowski@himss.org](mailto:dczaplowski@himss.org) for processing prior to the conclusion of this meeting to expedite your request.

**Please indicate your preference below:**

- The per diem is to be made out to the name below. An electronic payment will be sent to the account number provided. (No checks will be issued.)
- I prefer not to accept the per diem and request IHE USA to retain the funds (non-taxable and not tax deductible).

**Payable To:** \_\_\_\_\_

**Organization (if applicable):** \_\_\_\_\_

**Amount of Per Diem:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**SSN (Required):** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**ABA/Routing #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Meeting Attended

\_\_\_\_\_  
Meeting Location

\_\_\_\_\_  
Date(s) of Meeting Attended

\_\_\_\_\_  
# days for per diem  
(5 maximum)

\_\_\_\_\_  
Total per diem amount  
(\$350 maximum)

For Internal Use:

Account #  Profit Center  Project:  Brand:  Del Method:

Authorized Staff Approval Signature: \_\_\_\_\_

Authorized Staff Approval Signature: \_\_\_\_\_