

**Policy and Procedure Manual  
Administrative Manual Section 10  
Administrative Institutional  
Department: Research Operations**



Written: 01/04/90  
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02/01/05; 10/05/13  
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Page: 1 of 4 (Attachments)

**External – Honorarium  
and Expense  
Reimbursement**

**APPROVALS:**

SLT: 10/17/13; BOD: 4Q-13

Scope:  Medical Center  Beckman Research  Development Group

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**I. Background:** The following policy sets out the guidelines for providing honorarium to external professionals rendering services to City of Hope (“COH”) and reimbursing expenses of external professionals incurred in connection with such services. Such services include delivering a speech or providing an external review (e.g., peer proposal review). This policy is not applicable to visiting scholars, faculty recruitment or compensation related to professionals who plan, teach or author Continuing Medical Education (CME) events and materials sponsored by COH.

**II. Definitions:**

**Honorarium** – A payment, fee, or other form of compensation given as gratuity, award, or honor for services for which a fee is not required.

**External Professional** – Non-COH employee or medical staff member.

**III. Honorarium Amounts:**

COH’s policy on honorarium to be given to external professionals is as follows:

- a. External professionals may receive up to \$500 in honorarium paid per service.
- b. If a department wishes to pay a higher honorarium amount above the cap stated above, the requesting department must provide justification for such amount and obtain prior written approval from the BRI Director, Chief Medical Officer (CMO), or Cancer Center Director, as applicable.

**IV. Methods of Payment:**

Payments are limited to checks provided directly to the external professional or their institution, as dictated by such institution’s policy.

**V. Expenses:**

Out-of-pocket expenses, per diem, airfare, ground transportation, lodging, and other travel expenses for external professionals will be paid subject to the COH Travel Policy and Business and Expense Reimbursement Policy.

**VI. Procedure:**

- a. In order to invite an external professional, the following steps should be taken:
  - i. Obtain approval from Department Chair and Senior Vice President (SVP) for Research Operations for external professionals being paid up to the \$500 cap. All external professionals must have approval from the Department Chair and Senior Vice President for Research Operations regardless of whether they are being paid or not. External speakers for the entire year can be submitted in one worksheet for approval. (Attachment 1)
  - ii. Obtain additional approval from the Beckman Research Institute (BRI) Director, Chief Medical Officer (CMO) or Cancer Center Director, in order to pay honorarium above the \$500 cap.
  - iii. Once these approvals are obtained, the department may extend the initial invitation to the external professional.
  - iv. Once the invitation is accepted and confirmed, a formal invitation letter/Speaker Confirmation Form that delineates session(s), title(s), date(s), time(s), location(s) and honorarium amount is sent to the external professional by the hosting department.
  - v. The Speaker Confirmation Form is sent back to the department by the external professional. This form must be received prior to the event and should be kept on file within the department hosting the external professional.
  - vi. If the external professional requires travel reimbursement, the hosting department should complete and circulate the Travel Request Form (Attachment 2) for approval within the department, prior to booking travel. Upon receipt of all required departmental approvals, the completed form is submitted to Research Finance.
  - vii. Research Finance reviews the Travel Request Form to ensure accuracy and forwards for approval by the following individuals (1) BRI Director, CMO or the Cancer Center Director, as applicable, and (2) SVP for Research Operations.
- b. After completion of the event, external professionals will be paid the honorarium and those eligible for expense reimbursement will be paid in accordance with the Contract Management Guidelines, Signature Authority Policy, Travel Policy and Business Expense Reimbursement Policy.

**Author and Sponsor:** Senior Vice President, Research Operations

**Appendix One – Acronyms, Terms and Definitions Applicable to this Policy**

1. City of Hope (“COH”) – City of Hope National Medical Center (“COHNMC”), Beckman Research Institute (“BRI”), Development Group (“DG”), collectively referred to as City of Hope (“COH”), for the purposes of this policy.
2. Medical Center – Refers to all facilities covered by City of Hope National Medical Center’s hospital license.

**Related Policies:**

1. Business Expense Reimbursement Employee and Medical Staff Policy
2. CME Reimbursement & Honoraria Policy
3. Signature Authority/Hierarchy
4. Travel
5. Contract Management Guidelines

**Related Forms:**

- 1. Travel Request Form
- 2. Speaker Confirmation Form

**Attachments:**

- 1. Annual External Travel Request (<http://www.coh.org/forms-and-applications/Pages/default.aspx>)
- 2. Travel Request Form ([http://www.coh.org/OSR/Documents/Travel\\_Request\\_Form\\_101713.xls](http://www.coh.org/OSR/Documents/Travel_Request_Form_101713.xls))

**Attachment 1: Annual External Travel Request**

Annual External Travel Request FY 2013						
Department	Business Director	Traveler	Estimated Total Cost	Date of Visit	Purpose/Description	Traveler Role: Speaker, Reviewer, Consultant, Other

### Attachment 2: Travel Request Form

**Travel Request for All Travel (Domestic & International)**

20/30 Entity Domestic Travel on 80/90 - Approval required for all travel regardless of dollar amount

20/30 Entity Domestic travel on 91 through 98 - Approval required for all travel over \$3,000

20/30 Entity International travel (all cost centers) - Approval required regardless of dollar amount

**Approval is required BEFORE making any travel arrangements. If international travel is to be charged to a grant, an approved carrier must be used.**

Date of Submission: \_\_\_\_\_

Name, Title of Traveler: \_\_\_\_\_

Department and Extension: \_\_\_\_\_

Business Director: \_\_\_\_\_

Travel Dates & Carriers: \_\_\_\_\_

Vacation days included in trip: \_\_\_\_\_

**Scientific / Business Purpose:** \_\_\_\_\_

Location, Business: \_\_\_\_\_

Meeting Description: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_

Presenter/Attendee/Other: \_\_\_\_\_

Attach Flyer/Spending Invoices/ Other documentation to this request

If other collaboration, indicate dates: \_\_\_\_\_

Collaborators, Titles, Institutions: \_\_\_\_\_

**External Professional Purpose:** \_\_\_\_\_

Institution/Business: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_

Non-Business travel sites on trip: \_\_\_\_\_

Coverage (Name & Extension): \_\_\_\_\_

After Conference, I will present:

Departmental Meeting

Other, List \_\_\_\_\_

**Estimated Cost:**

Funding Source \_\_\_\_\_

	Entity, Cost Center		Cost Center Description		
	Ex. 30.807XXX		Research - Smith, John		
Registration/Membership:				\$	-
Accommodation:	Rate	_____	x nights	\$	-
Airfare:				\$	-
Meals (\$75/day max):	Amt	_____	x days	\$	-
Transportation:				\$	-
Phone/Internet:				\$	-
Other Expenses (List):				\$	-
			<b>Total Cost</b>	\$	-

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Finance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sr. V.P. (As Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
BRI Director, Director Cancer Center, CMO (As Applicable)

\_\_\_\_\_  
Date

**Attach Approved Form to Submitted Business Expense Report**