



NYSSHRM, Inc.
ADVANCE PURCHASE / EXPENSE REIMBURSEMENT VOUCHER

NYSSHRM, Inc.
Expense Reimbursement Process/Instructions

Positions Eligible for Reimbursed Expenses:

Positions on the State Council (officers, District Directors, state council functional Directors) are generally eligible for reimbursement of expenses as per the following. Chapter reps are reimbursed by chapters for their attendance at state council meetings. Chapters which cannot support their members' attendance at state council meetings should discuss their need with the Executive Director.

Budgeted or Board-Approved Expenses

Expect reimbursement within 15 business days following receipt of your expense request by the Finance Director.

Options for pre-payment:

1. Submit a check request about 3 weeks prior to when you need the check; have appropriate back-up so that Treasurer can cut the check for the exact amount.
2. Charge to your personal charge card and follow process below.

Reimbursement Process:

1. Purchase item and secure a receipt.
2. Complete expense reimbursement form (next page). Make sure the Finance Director has the correct address!
3. Fax form and/email receipt(s) to Finance Director. Please obscure your credit card numbers.
4. Finance Director processes checks to mail out and will bring checks to Board meetings to issue at the meeting with proper documentation.
5. Finance Director communicates with State Director regarding non-budgeted expense reimbursement.
6. State Director approves, questions, and/or discusses with requester.
7. Finance Director maintains back-up documents.
8. Finance Director signs and mails checks. [State Director signs expense checks for Finance Director expenses.]

Business Mileage:

NYSSHRM uses \$.54 / mile rate to reimburse volunteer mileage expenses for state council members in accordance with IRS guidelines.

Submit to the Finance Director with Receipts:

Kathleen Pascucci
140 Norwood Drive
West Seneca, NY 14224
Email: kpascucci@superiorlubricants.com Phone: 716-866-2704



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Date:	Last Name:	First Name:	Company Name:
Email:	Address: (where payment is sent to)	City:	State/Zip Code:

Mileage Expenses (IRS Guidelines \$.54/mile)

Date	From	To	Mileage	Amount
			Mileage Subtotal:	\$

Other Travel Expenses (Flights, Tolls, Ground Transport, Meals, Hotel Stay etc.)

Date	Type	Service Provider Name	Amount
			Other Travel Subtotal:
			\$

Miscellaneous Expenses (Copies, Printing, Supplies, Postage, etc)

Date	Type	Amount
		Miscellaneous Expense Subtotal:
		\$

Signed: _____

Print Name: _____

Date: _____

Expense Summary	
Expense Type	Amount
Mileage Subtotal:	
Other Travel Subtotal:	
Miscellaneous Subtotal:	
TOTAL REIMBURSEMENT:	

Office Use Only:
 Received Date: _____ Paid: ___ Date: _____ Chk #:
 _____ AMT PAID: _____