##  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. Chapter representatives 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 the event; have appropriate documentation for review.
2. Charge to your personal credit card and follow process below.

**Reimbursement Process:**

## Purchase item and secure a receipt.

## Complete expense reimbursement form (next page). Make sure the Finance Director has the correct address.

1. Finance Director processes checks to mail out and will bring checks to Board meetings to issue at the meeting with proper documentation.
2. Finance Director communicates with State Director regarding non-budgeted expense reimbursement.
3. State Director approves, questions, and/or discusses with requester.
4. Finance Director maintains back-up documents.
5. Finance Director signs and mails checks. [State Director signs expense checks for Finance Director expenses.]

**Business Mileage:**

## NYSSHRM uses $.535/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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **First Name:** | **Last Name:** | **Role on State Council:** |
| **Address:** | **City:** | **State:** | **Zip Code:** |

|  |
| --- |
| **Purpose of travel:** |

**Mileage Expenses (IRS Guidelines 53.5 cents per 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 *( Printing, Supplies, Postage, etc)***

|  |  |  |
| --- | --- | --- |
| **Date** | **Type** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **Miscellaneous Expense Subtotal:** | **$** |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_ AMT PAID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_