



# NYSSHRM, Inc.

## EXPENSE REIMBURSEMENT FORM



### Expense Reimbursement Process/Instructions

#### Positions Eligible for Reimbursed Expenses by NYSSHRM, Inc.

Positions on the State Council (Officers, District Directors, State Council functional Directors) are eligible for reimbursement of expenses when traveling for State Council business. Chapter representatives should be reimbursed by their local chapters for their attendance at State Council meetings. Chapters which cannot support their members' attendance at State Council meetings should discuss their financial needs with the State Director.

#### Approved Expenses

**Hotel:** The Council will reimburse up to the discounted room rate at the provided hotel location (including taxes) or an offsite hotel location. If a Council member wishes to stay at a different hotel location, reimbursement will not exceed the meeting/conference room rate. If another hotel has a lower rate, the lower rate will be reimbursed. Reimbursement will be for a standard room only. Suites will not be reimbursed unless a business reason is approved by the State Director. Upon check-in, you will be required to present your credit card against which incidental charges will be applied.

**Meals:** Reasonable meal costs will be reimbursed including gratuity. Gratuity shall not exceed 20% of the bill. A meal expense will not be reimbursed if a meal is provided at the meeting/conference. Alcohol will be reimbursed at a reasonable rate (shall not be excessive.)

**Airfare:** Tickets should be purchased at least 30 days in advance when possible to obtain favorable rates. Reimbursement will be based upon economy class fare (reimbursement will not be made for first class.) Exceptions to this must be approved in advance by the State Director.

**Ground Transportation:** Valet parking charges will not be reimbursed. Tolls and parking will be reimbursed with receipts. Limousine rides will only be reimbursed if there is an economic advantage over a taxi/Uber/Lyft. Rental cars will only be approved under certain circumstances (e.g. when no other service is available.)

**Miscellaneous:** Gratuity for housekeeping will be reimbursed up to \$5.00 per night. Baggage handling will be reimbursed up to \$2.00 per bag. Expect reimbursement within 15 business days following submission to the Finance Director.

**Mileage:** NYSSHRM uses \$.545/mile rate to reimburse volunteer mileage expenses for State Council members in accordance with IRS guidelines.

#### Reimbursement Process

1. Purchase item and secure a receipt (excluding tips.)
  - a. **Receipts must be submitted to the Finance Director within 30 days of the event.**
2. Complete expense reimbursement form. Make sure the Finance Director has the correct address to mail the reimbursement check too.
3. Finance Director communicates with State Director regarding non-budgeted expense reimbursement.
4. State Director approves, questions, and/or discusses with requester.
5. Finance Director maintains back-up documents.
6. Finance Director processes checks to mail out and will bring checks to Board meetings to issue at the meeting with proper documentation.
7. Finance Director signs and mails checks. (State Director signs expense checks for Finance Director expenses.)

#### Submit expense form and receipts to the Finance Director:

Mat Petrin, 192 Benson Street, Albany NY, 12206

[matpetrin@gmail.com](mailto:matpetrin@gmail.com)



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

**Purpose of travel:**

### Mileage Expenses (IRS Guidelines 54.5 cents per mile)

Date	From	To	Mileage	Amount
			<b>Subtotal A:</b>	

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

Date	Type	Service Provider Name	Amount
			<b>Subtotal B:</b>

### Miscellaneous Expenses (Printing, Supplies, Postage, etc.)

Date	Type	Amount
		<b>Subtotal C:</b>

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

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

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

Expense Summary	
Expense Type	Amount
<b>Subtotal A:</b>	
<b>Subtotal B:</b>	
<b>Subtotal C:</b>	
<b>TOTAL REIMBURSEMENT:</b>	

**Office Use Only:**

Received Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_