



# REIMBURSEMENT POLICY

Policy number	12	Version	1
Drafted by	Mark Dowling	Approved by Board on	July 2021
Responsible person	Mark Collier	Scheduled review date	July 2022

## INTRODUCTION

Members may on occasion, with authorization, be required to pay expenses out of their own pockets. Under certain circumstances, as outlined in this policy, these expenses may be reimbursed by the organisation.

## PURPOSE

The purpose of this policy is to spell out under what circumstances reimbursement of expenses may occur on behalf of Southside Beekeepers Club, and the process for doing so. This policy relates to members and others acting on authorized Southside Beekeepers Club business.

## POLICY

Southside Beekeepers Club will reimburse expenses incurred on behalf of Southside Beekeepers Club or in the course of Southside Beekeepers Club business so long as such expenses are:

- (1) Reasonable and
- (2) Authorized.

Reimbursement of reasonable but unauthorized expenses may be made on an *ex-gratia* basis at the discretion of the Committee in exceptional circumstances only.

All authorized expenditure must receive, retain and produce receipts, invoices, vouchers, tickets, or other evidence of such expenditure.

## AUTHORISATION

.....  
Signature of Committee President

.....  
Name of Committee President

.....

Date of approval by the Committee



# REIMBURSEMENT PROCEDURES

Procedures number	<<insert number>>	Version	<<insert number>>
Drafted by	Mark Dowling	Approved by CEO on	<<insert date>>
Responsible person	Mark Collier	Scheduled review date	<<insert date>>

## RESPONSIBILITIES

It is the responsibility of the Committee to ensure that:

- Members and others are aware of this policy.
- Any breaches of this policy coming to the attention of the Committee are dealt with appropriately.

It is the responsibility of all members and others to ensure that their applications for reimbursement conform to this policy.

## PROCEDURES

### Prohibited reimbursements.

Southside Beekeepers Club will not reimburse members or volunteers for

- Unauthorized expenses
- Expenses normally recoverable from a third party
- Claims for purchases that are required to be made under a Southside Beekeepers Club purchase order.
- Expenses that are not incurred for business purposes.
- Late payment interest on credit cards
- Parking, traffic, or other fines and penalties

Advance payments may be authorized where appropriate. Such payments will be subtracted from the amount of any later reimbursements. If expenditure is, for whatever reason, not incurred then any advance payments made, or any unspent portion of such payments, must be returned.

Members and volunteers incurring authorized expenditure must, wherever possible, receive and retain receipts, invoices, vouchers, tickets, or other evidence of such expenditure.

Members and volunteers incurring authorized expenditure must submit requests for reimbursement to the designated person (depending on the sum in question) on the standard form (see Appendix A, describing the nature and purpose of the expenses. The completed form must be signed by the applicant.

Members and volunteers incurring authorized expenditure must present all relevant original receipts, invoices, vouchers, tickets, or other evidence of such expenditure when seeking reimbursement. Where such evidence is for any reason lacking, statutory declarations may be sought.

The Committee is responsible for determining if the expenses being claimed are reasonable given the circumstances, and for ensuring they are charged against the appropriate account.

Claims that have not been properly prepared, authorized, or supported by adequate documentation will be returned to the claimant and the reasons will be given for not processing the claim.

## **RELATED DOCUMENTS**

### **AUTHORISATION**

.....

Signature of Committee Secretary

.....

Name of Committee Secretary

.....

Date of approval by the Committee

APPENDIX A

# EXPENSES CLAIM FORM

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

Please print out and attach documentation (e.g. receipts)

Details	Date Expense Incurred	Activity	Total Cost	Notes
Total to be Reimbursed:				

Signature of Claimant: \_\_\_\_\_

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

Authorized by (Name): \_\_\_\_\_

Signature of Authorized Committee Member ( ie Treasurer ): \_\_\_\_\_

**Office Use Only:**

Claim Permitted? (Circle) Yes / No.

If no, state reason: \_\_\_\_\_

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