

# MISA Ontario Policy Statement

Policy No.:	MO01	Approval Date:	June 8, 2008
Subject:	Travel Reimbursement Policy	Revision No.:	1

## 1. **POLICY**

1.1 A policy statement to fix the rates and particulars of the maximum reimbursements allowable for travel on MISA business.

## 2. **PURPOSE**

2.1 Provisions of this policy provide for the reimbursement of reasonable expenses necessarily incurred while travelling on MISA business and to ensure that representatives are not out of pocket. These provisions do not constitute income or other compensation that would open the way for personal gain.

## 3. **SCOPE**

3.1 This policy applies to MISA representatives and other persons travelling on MISA business. It does not apply to those persons whose travel is governed by other authorities.

## 4. **RESPONSIBILITY**

4.1 The MISA Treasurer shall review this policy annually in the first quarter, or more frequently as directed by the Executive Committee, and report to the Executive Committee a recommendation regarding the reimbursement rates.

4.2 The Executive Committee shall pass a motion regarding the recommendation at the first scheduled meeting after the recommendation is reported.

4.3 All MISA representatives shall adhere to this policy.

4.4 The MISA Treasurer, or designate, shall retain all records pertaining to travel reimbursement and store them with all other financial records.

4.5 The MISA Board of Directors shall issue the authority to travel.

## **5. GOVERNING RULES AND REGULATIONS**

- 5.1** The reimbursement rates as defined in “Appendix – A” shall be paid to authorized representatives who travel on behalf of MISA.
- 5.2** Reimbursements will not be processed for delegate travel to the Annual Conference.
- 5.3** Meal allowances for specific meals will not be paid when the event includes those meals unless there is a valid business or dietary reason for eating elsewhere.
- 5.4** Advances for travel may be paid to authorized representatives of MISA. The total of the travel advance may not exceed the expected total of the reimbursement.
- 5.4.1** A request for travel advance must be submitted to the Treasurer on the “Expense Claim Report” form.
- 5.4.2** A reconciliation of reimbursement expenses and travel advance amounts must be submitted to the Treasurer no later than 30 days from the completion of the travel.
- 5.4.3** The reconciliation must be submitted on the “Expense Claim Report” form.
- 5.5** A travel reimbursement request must be submitted to the Treasurer no later than 60 days from the completion of the travel on the “Expense Claim Report” form.

## **6. RECORDS, FORMS AND ATTACHMENTS**

- 6.1** Records associated with this policy shall be retained and filed with the financial records of the organization and shall be subject to the records retention requirements of those financial records.
- 6.2** Forms relevant to this policy statement are:
- Expense Claim Report
- 6.3** Attachments to this policy statement are:
- Reimbursement Rate Schedule
  - Expense Claim Report

**Reimbursement Rate Schedule**

Mileage – per kilometre	\$0.50
Meal – Breakfast – per day	\$17.50
Meal – Lunch – per day	\$17.50
Meal – Dinner – per day	\$30.00
Incidentals – per day	\$15.00
Private Accommodation Allowance – per day	\$40.00
Accommodations – Commercial	Receipts
Transportation – Air Fare, Taxi, Shuttle, etc.	Receipts
Registration Fees	Receipts
Miscellaneous Expenses	Receipts



# Expense Claim Report

Municipal Information Systems Association

Name:

Meeting/Function:

Date(s):

	Description	Quantity	Rate		TOTAL
Transportation	Air Fare			Receipts	
	Vehicle Rentals			Receipts	
	Train / Bus Fare			Receipts	
	Mileage (Own Vehicle)		0.50	per km	
	Fuel Charges			Receipts	
Registration Fees				Receipts	
Accommodations				Receipts	
Per Diems	Breakfast		17.50	per day	
	Lunch		17.50	per day	
	Dinner		30.00	per day	
	Incidentals		15.00	per day	
	Private Accommodation		40.00	per day	
Miscellaneous					

<b>TOTAL EXPENSES</b>	0.00
Less Advance Received	0.00
<b>Balance: Payable / (Refundable)</b>	<b>\$0.00</b>

Certified Correct

Approved		Account Number	
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**\*\* NOTE \*\*** Please attach original receipts and return to Treasurer for payment.