
TITLE: Expense Reimbursement Procedure
DEPARTMENT: All Town Departments
POLICY NO: 03000-07P

APPROVAL DATE:

May 23/23

CAO Signature:



PURPOSE:

To establish a procedure for the processing of reimbursement of expense claims for any authorized individual who is conducting Town business. An authorized individual could be an employee, elected official, appointed committee or commission member, etc.

PROCEDURE:

1. By April 1 of each year every employee must sign an acknowledgment document certifying that they have reviewed the Expense Reimbursement Policy (03000-07) and Procedure and sought all clarifications necessary for a complete understanding of its provisions and their responsibilities pursuant to it. Failure to sign this acknowledgement document annually will disqualify the individual from claiming expenses for reimbursement under this policy until the document has been signed for that year (see Appendix A).
2. Any authorized individual (excluding CAO and elected officials) who is required to travel on Town business MUST complete a Prior Approval Form (see Appendix B) (Section 9 Expense Reimbursement Policy 03000-07) and have it approved by the appropriate Director, CAO or their designate. If the authorized individual incurs travel expenses as allowed within the Reimbursement Policy (03000-07) they shall complete a Travel Expense Claim (see Appendix C) with any receipts attached as required by the Reimbursement Policy. The Prior Approval Form MUST be attached to the Travel Expense Claim.
3.
 - a. Mileage paid for travel using a personal vehicle shall be reimbursed either from the employee's place of work or home, whichever is the shortest distance to the destination. Travel from accommodations to the training site or conference will not be covered unless significant distance is identified and itemized in the Prior Approval Form.
 - b. The kilometrage rate shall be updated on the Travel Expense Claim Form (Appendix C) and the Expense Reimbursement Personal Vehicle Mileage Form (Appendix E) each year based on the rate used by the Province of Nova Scotia as of April 1st.
 - c. When claiming mileage, it is recommended to use google maps to obtain the kilometres to the traveling destination. This can then be printed and attached to the Travel Expense Claim (Appendix C) to provide support for the mileage being claimed.
4. All in-town travel with a personal vehicle must have a Prior Approval – Town Travel Personal Vehicle Mileage Reimbursement Form (Appendix D) approved by the CAO before travel begins for mileage to be reimbursed (i.e: students), or at the beginning of each fiscal year for a full-time employee.

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- a. Reimbursement of Personal Vehicle Mileage for Town Travel must be submitted monthly using the Personal Vehicle Mileage – Town Travel Reimbursement Form (Appendix E). The approved Prior Approval – Town Travel Personal Vehicle Mileage Reimbursement Form (Appendix D) must be attached to every reimbursement form (Appendix E).
5. All travel outside of the Maritimes must be pre-approved by the CAO (Section 10 Expense Reimbursement Policy (03000-07)).

If an employee leaves the province due to an emergency, the CAO must be notified as soon as reasonably be done.
6. Parking will be reimbursed as follows: For costs over \$10 a receipt is to be submitted and claimed under the transportation section of the Travel Expense Claim Form. Costs under \$10 do not require a receipt and will be claimed under the transportation section of the same form.
7. For each day or part day of travel the Claimant shall be paid a meal allowance for each meal for which the Claimant is required to pay, in the amounts authorized by the Expense Reimbursement Policy (Section 18 03000-07). In order to claim for a full day, the employee/elected official must leave before 8:00 am and return later than 6:00 pm.
8. The Travel Expense Claim (Appendix C) along with the Prior Approval Form (Appendix B) and any required receipts shall be signed off by the appropriate signing authority and then submitted to the Town's Accounts Payable Clerk. If a Prior Approval Form is NOT attached, the Travel Expense Claim will be returned to the individual.
9. The Accounts Payable Clerk shall verify that all charges on the Travel Expense Claim conform to the Town's Expense Reimbursement Policy (03000-07) by signing off on the appropriate line on the Travel Expense Claim form.

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APPENDIX A

EXPENSE REIMBURSEMENT ACKNOWLEDGMENT FORM

Valid for the fiscal year ending March 31, 20_____.

Name: _____

Department / Committee: _____

I acknowledge that I have reviewed the Expense Reimbursement Policy (03000-07) and Procedure and sought all clarifications necessary for a complete understanding of its provisions and my responsibilities pursuant to it.

This Acknowledgement form must be signed annually.

Signature: _____

Date: _____

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APPENDIX B

PRIOR APPROVAL FORM

Please place an 'X' in the selection:

_____ TRAVEL _____ CONFERENCE _____ PROFESSIONAL DEVELOPMENT

1. Applicant's Name: _____
2. Present Position: _____
3. Department: _____
4. Proposed Travel Details: _____


5. Proposed Conference, Course, Seminar: _____

6. Location: _____
7. Date: _____
8. I certify that I, as a minimum, will always have basic motor vehicle insurance coverage and that if for whatever reason I do not have insurance coverage, I will notify the Town in writing.
Applicant signature: _____
9. Approved by Signing Authority: _____
(Mayor, CAO, Director or Designate as per Signing Authority in Expense Reimbursement Policy)
10. Subject to the following conditions, if any:

If this application is approved, expenses may be claimed in accordance with the Town's Expense Reimbursement Policy.

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APPENDIX C

TOWN OF AMHERST TRAVEL EXPENSE CLAIM		2023-24	
** Fill in Shaded Areas Only			
Type of Claim, please circle:		Travel Expense or Travel Advance	
CLAIMANT:	<input style="width:100%;" type="text"/>		
DEPARTMENT:	<input style="width:100%;" type="text"/>		
DATES:	<input style="width:100%;" type="text"/>		
PURPOSE OF EXPENSE:	<input style="width:100%;" type="text"/>		
			
EXPENSES PAID BY CLAIMANT:			
		Dates	
Receipt Required:	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation			
Destination	<input style="width:100%;" type="text"/>		
Mileage (Kms)	<input style="width:100%;" type="text"/>		
Total Mileage	\$ - \$ - \$ - \$ - \$ -	Mileage /Km \$0.5770	
		\$ -	
Parking	Yes	\$ - \$ - \$ - \$ - \$ -	
Tolls	No	\$ - \$ - \$ - \$ - \$ -	
		\$ -	
Meals - Cost Incl. Taxes & Gratuity			
Breakfast	No	\$ 15.00 \$ - \$ - \$ - \$ - \$ -	
Lunch	No	\$ 20.00 \$ - \$ - \$ - \$ - \$ -	
Dinner	No	\$ 30.00 \$ - \$ - \$ - \$ - \$ -	
Total Meals		\$ -	
Accommodations	Yes	\$ - \$ - \$ - \$ - \$ -	
Other	Yes	\$ - \$ - \$ - \$ - \$ -	
	Description	\$ -	
TOTAL EXPENSES PAID BY CLAIMANT		\$ -	
Less Travel Advance		\$ -	
TOTAL EXPENSES DUE TO CLAIMANT		\$ - (a)	
SAP CODING:			
G/L	<input style="width:100%;" type="text"/>		
Cost Center	<input style="width:100%;" type="text"/>		
Work Order	<input style="width:100%;" type="text"/>		
Vendor Number	<input style="width:100%;" type="text"/>		
EVENT EXPENSES PAID BY TOWN (COPIES OF INVOICES MUST BE ATTACHED):			
Description of Event Expenses	Payment Method (Town Credit Card, Town Cheque)	Reference # (Purchase Order #, EE Named on Town Credit Card)	Total Cost (incl HST)
Accommodations	<input style="width:100%;" type="text"/>		
Event Registration Fee	<input style="width:100%;" type="text"/>		
Airfare	<input style="width:100%;" type="text"/>		
Other	<input style="width:100%;" type="text"/>		
TOTAL EXPENSES PAID BY TOWN			\$ - (b)
TOTAL COST OF EVENT:			\$ - (a + b)
Signature of Claimant: <input style="width:100%;" type="text"/>			
Employee Acknowledge Document on File for Current Fiscal Year (circle one):			
Yes	or	No	Confirms to Expense Reimbursement Policy # 3000-07: <input style="width:100%;" type="text"/>
Approved By Signing Authority: <input style="width:100%;" type="text"/>			Date: <input style="width:100%;" type="text"/>
(per Expense Reimbursement Policy)			

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APPENDIX D

**PRIOR APPROVAL FORM
- TOWN TRAVEL
PERSONAL VEHICLE MILEAGE REIMBURSEMENT**

1. Applicant's Name: _____
2. Present Position: _____
3. Department: _____
4. Purpose of personal vehicle for town business: _____

5. Locations: _____
6. Fiscal Year: _____
7. I certify that I, as a minimum, will always have basic motor vehicle insurance coverage and that if for whatever reason I do not have insurance coverage, I will notify the Town in writing.

Employee signature: _____
8. CAO Approved: _____
9. Subject to the following conditions, if any:

If this application is approved, personal mileage expenses may be claimed in accordance with the Town's Expense Reimbursement Policy.

