



# NSCNA – Expense Reimbursement Policy

A penny saved is a penny earned

This document establishes policies governing the reimbursement of expenses incurred during the conduct of NSCNA Neighborhood Association business.

**Approve NSCNA Board of Directors  
8/26/2008**

## **STATEMENT OF PURPOSE AND RESPONSIBILITIES:**

This document establishes policies governing the reimbursement of expenses incurred during the conduct of North Salmon Creek Neighborhood Association business. As a strictly volunteer non-profit organization funds are limited. We understand and appreciate that many expenses are borne by our volunteers. However, it is our policy to reimburse volunteers for ordinary, necessary and reasonable expenses when directly related to the transaction of neighborhood business.

- Directly related means: there is the expectation of deriving some current or future benefit for the Neighborhood.
- Volunteers are expected to exercise prudent business judgment regarding expenses covered by this policy.

## **DOCUMENTATION**

Requests for reimbursement of business expenses must be submitted on the "NSCNA Expense Reimbursement Form", see example pg 3.

While original receipts are recommended for all expenses submitted for reimbursement, they are required for all expenses greater than \$10.00. Requests for exceptions to this policy should document extenuating circumstances and be approved by the President and Treasurer.

Requests for reimbursement lacking this information will not be processed and will be returned to the originator.

## **APPROVALS**

Expense reimbursement form, together with required documentation, must be submitted to the NSCNA Treasurer for payment within 90 days of incurring the expense.

The Treasurer is authorized to pay requests up to \$25.00 that meet "business need" criteria without pre-authorization. These requests should be approved at the next scheduled board meeting. Expenditures over \$25.00 must be pre-authorized in writing by two officers, or at a board or general membership meeting of the NSCNA.



### EXPENSE REIMBURSEMENT FORM

NAME: _____	REQUEST DATE: _____
PHONE: _____	PROJECT: _____

DATE	GL	DESCRIPTION	AMOUNT
<b>TOTAL</b>			

#### TREASURER'S LOG

DATE RECEIVED: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

CHECK #: \_\_\_\_\_

GENERAL LEDGER LINE ITEM: \_\_\_\_\_

DATE EXPENSE AUTHORIZED: \_\_\_\_\_

PRE-AUTHORIZED BY:  
\_\_\_\_\_

(This form to be retained by Treasurer with receipts following document retention guidelines)