

CHICA - EASTERN ONTARIO
A Chapter of the
Community and Hospital Infection Control Association - Canada

POLICIES & PROCEDURES

SECTION: Financial
SUBJECT: **EXPENSE CLAIMS**
ORIGINATED: ?May 2004
APPROVED: Executive

NUMBER: 4.1
PAGE: 1 of 2
REVISED: Nov 06 July 08

1. PHILOSOPHY

CHICA-Eastern Ontario is a non-profit organization, which operates on limited funds obtained from membership fees, conference/workshop profits and monetary awards received from successful submissions, e.g. 3M Chapter Achievement Award.

2. PURPOSE

To ensure that members who attend conferences or meetings as a representative of the Chapter and/or acquire chapter related expenses understand when & how they can claim expenses and are fairly re-imbursed.

3. POLICY

- 3.1 Expenses greater than \$50 must be pre-approved by the Treasurer.
- 3.2 Claimants are urged to use moderation in their selection of accommodation, and consider sharing rooms where possible.
- 3.3 All expense claims must pertain to Association business.
- 3.4 No payments will be made in excess of the allowances established.
- 3.5 Receipts must cover all expenses unless otherwise stated.
- 3.6 Telephone & travel expenses to Chapter meetings are not covered.

4. PROCEDURE

- 4.1 Complete an Expense Claim Form.
- 4.2 Attached all receipts.
- 4.3 Retain a copy of claimed expenses for your records.
- 4.4 For exceptional circumstances, please refer directly to the Chapter Treasurer.

4.5 Allowable Expenses.

A. Transportation and Travel

- 1. Air Travel - Economy class (book in advance for lowest possible rate.)
- 2. Rail - Economy class.
- 3. Bus
- 4. Private Vehicle - Indicate the number of kilometers and claim \$.42 (cents) per kilometer. Include parking receipts, as necessary. (Maximum refund will be equal to economy airfare.)
- 5. Taxi - Receipts are required plus names of other CHICA-EO members who shared ride.

B. Accommodation

- 1. Standard accommodation at conferences/committee meeting or equivalent hotel.
- 2. A per diem rate of \$15.00 will be paid for private residential accommodation.

C. Meal Allowance

- 1. A maximum of \$40.00 per day with receipts.
- 2. No meal allowance will be allowed if meals are provided.

D. Other

Chapter related expenses approved by the executive.

5. REFERENCE

CHICA -Canada Form 7 & 7A

**CHICA - EASTERN ONTARIO
A Chapter of CHICA - Canada**

EXPENSE CLAIM FORM (Policy 4.1)

ITEM	AMOUNT																																																										
	Before GST	GST	TOTAL																																																								
A. TRANSPORTATION AIR/RAIL BUS TAXI PRIVATE _____ km at 42 cents/km																																																											
B. ACCOMMODATION Hotel # of nights _____ at \$_____/night																																																											
C MEALS (maximum \$40.00/day with receipts)																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:20%;">Breakfast</th> <th style="width:20%;">Lunch</th> <th style="width:20%;">Dinner</th> <th style="width:15%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Breakfast	Lunch	Dinner																																																							
Date	Breakfast	Lunch	Dinner																																																								
D. OTHER																																																											
E. TOTAL CLAIM																																																											

NAME: _____ PHONE: _____ DATE OF CLAIM: _____

ADDRESS: _____

CONFERENCE/MEETING _____

DATE(S): _____ CLAIMANT SIGNATURE: _____

CLAIM APPROVED BY: _____ DATE CHEQUE WRITTEN: _____ # _____