

Manual: Finance	Subject: Travel Expenditures and Authorization
Policy #: 1	Reviewed Date: September 13, 2023
Approved by: Darlene Dale	Next Review date: September 13, 2024
Original Date: February 16, 2020	PAGE 1 of 4

POLICY STATEMENT

Community Living Belleville and Area will reimburse employees and Board Members for reasonable work-related expenses incurred in the performance of their duties to the extent specified in the Procedures outlined below.

PROCEDURE

1. Kilometre rates to be paid for all employees and Board Members will match those set by the Ministry of Children, Community and Social Services and are based on kilometres driven within a fiscal year. The current rates are as follows:

40¢ for the 1st 4,000 km;

35¢ from 4,001 km to 10,700 km;

29¢ from 10,701 km to 24,000 km;

24¢ over 24,000 km.

2.
 - a. Union Employees
 - i) Day Trips - Union employees on appointments or out-of-house excursions will receive a meal allowance of the lesser of their receipts or \$10.00 in accordance with paragraph 17.07(b) of the Union Contract.
 - ii) Overnight Trips - Union employees who are required to attend overnight trips such as is specified in paragraphs 17.15(a) or 17.15(b) of the Union Contract, or otherwise, will be entitled to the lesser of their receipts or \$10.00 for breakfast, \$12.00 for lunch, and \$20.00 for dinner.
 - b. Non-Union Employees and Board Members

The current maximum daily meal allowance rates to be paid to non-unionized employees and Board members while on out-of-premises business on behalf of Community Living Belleville and Area is the

lesser of their receipts or \$10.00 for breakfast, \$12.00 for lunch and \$20.00 for dinner.

3. All out-of-province and out-of-country travel must be pre-authorized in writing by the Executive Director.
4. Expenses of a personal nature will not be reimbursed. Such expenses include but are not limited to expenses for: (a) recreational purposes (e.g. Video/DVD rentals; (b) personal items (except as outlined in Policy 19 – Restitution for Damage to Staff Property); (c) traffic and parking violations; (d) social events that do not constitute hospitality (see Policy 22 – Hospitality); (e) alcoholic drinks; and (f) friends or family members.
5. All travel expense claims must include:
 - a. a completed *Statement of Travel Expenses* form (Appendix A);
 - b. an original itemized receipt or other reasonable evidence of funds expended;
 - c. the signature of the employee or Board member on whose behalf travel expenditures were incurred; and
 - d. authorizing signatures as follows:

Union Employees:

Immediate supervisor or one of: Executive Director, Director of Finance, Director of Human Resources and Development, or Director of Services.

Management Staff:

Executive Director (or delegate)

Executive Director:

President of the Board (or delegate) - signed after the fact

Board Members:

Executive Director

6. Good record-keeping practices must be maintained for travel expense claims for verification and audit purposes. Claims must be made by the fiscal year-end of March 31 and within 3 months of the expense occurring.
7. Whenever possible, authorizations should be received prior to disbursement of funds. If, due to an emergency situation, authorizations are not possible prior to disbursement of funds, authorizations should be made subsequent to fund disbursement.
8. Those authorizing expense claims are prohibited from authorizing their own claims. Expenses for a group must only be claimed by the most senior person

present - expenses cannot be claimed by an individual that are incurred by his/her approver.

9. Those authorizing expense claims may provide approval only for expenses necessarily incurred in the performance of CLBA activities and may provide approval only for claims that include all appropriate documentation.
10. Consultants and other contractors will not be reimbursed for hospitality, incidental or food expenses. Reimbursement will be made for mileage and other incidental expenses only when specified in the contract between the consultant and Community Living Belleville and Area.



APPENDIX A

Employee Name (Please Print) <hr/> Location _____

STATEMENT OF TRAVEL EXPENSES

DATE	DESTINATION	REASON FOR TRAVEL	# OF KMS	\$ ACCOMMODATION	\$ MEALS	\$ OTHER (SPECIFY)
TOTAL						

TOTAL CLAIM \$ _____ LESS ADVANCE \$ _____ NET OWING \$ _____

EMPLOYEE SIGNATURE

AUTHORIZING SIGNATURE