

Expense Reimbursement Policy

Purpose

The Imperial Court de' Fort Worth/Arlington (ICFWA) implements the Expense Reimbursement Policy in an effort to protect this tax-exempt organizations (ICFWA) non-profit status by providing operating procedures for reimbursement of valid, ICFWA business and operational expenses. This policy addresses advance payment request, reimbursement payment request, receipt requirements, travel fund requests, Internet purchases and the document submission processes. To ensure appropriate financial controls and approvals are in place, all ICFWA expenses will follow these procedures. This policy is intended to supplement but not replace any applicable state and federal laws governing nonprofit and charitable organizations and shall be an appendix to the Articles of Incorporation and Bylaws of the organization.

Definitions:

Expense

Any payable item directly related to and caused by operational activities of the ICFWA. Expenses must be directly or indirectly related to the mission of ICFWA.

Member

Only active members (see Bylaws) acting on behalf of the ICFWA and executing ICFWA business may submit advance payment requests, expense reimbursement request, or travel reimbursement request.

Request Types

- *Advance Payment Request (Check Request) Form* is submitted when the ICFWA expense, vendor and amount are known sufficiently in advance to secure an advance payment via ICFWA check. At no time shall a member submit an Advance Payment Request on behalf of one's self or another member.
- *Expense Reimbursement Request* is submitted after a pre-approved ICFWA expense has been paid by a member. Whether the member chooses to donate the expense amount or not, an Expense Reimbursement Request Form will be submitted for all valid ICFWA expenses.
- *Travel Reimbursement Request* is submitted only when pre-approved ICFWA related travel is authorized and individual has incurred the related expense, and the pre-funded travel fund can cover said expense. All travel related receipts must be received within 10 business days of trip completion.
- *Internet Purchase Reimbursement Request* is submitted using the *Expense Reimbursement Request form* after a pre-approved ICFWA expense has been paid by a member via an Internet transaction. An Expense Reimbursement Request Form will be submitted for all valid ICFWA expenses. All Internet transactions shall use the Treasurer@ICFWA.org as the registered email address, and the Corporate P.O. Box for the billing address.

All Expense Request submitted are subject to review, and must be authorized by the appropriate authority prior to payment per ICFWA Expense Reimbursement Policy – Articles of the Corporation.

Processes:

Authorization

All request submitted are subject to review and authorization under the following guidelines;

- All ICFWA related expenses must be approved by the general membership in advance.
- All ICFWA related expenses in excess of \$250.00 must be vetted through the Finance Committee first.

Timing

Expenses must be turned into the Corporate Treasurer for reimbursement no later than 30 days from expenditure date except at the year-end of the organizations physical year, (Reign End) all expenses must be submitted by the 15th day of the succeeding month. This ensures sufficient timing to close ICFWA financial books for State and Federal regulatory reporting and annual review requirements. Valid ICFWA expenses submitted after the above dates will not be reimbursed.

Receipt Requirements

The ICFWA requires that the original receipts be submitted for all payable items directly related to and caused by operational activities for the ICFWA for which the member is requesting reimbursement. All receipts shall be attached and submitted with the appropriate request form no later than the time line requirements as outlined above. It is the responsibility of the member making said request to follow up with the Corporate Treasurer and request copies of receipts on an as need be basis.

Request for Submission Processes

All requests for advance/reimbursement expenses shall follow the same submission process.

- The requestor shall select the appropriate form, complete all fields, any blank fields and the request will be denied.
- The requestor shall submit the completed form and all original receipts to the Corporate Treasurer for all items payable directly related to and caused by ICFWA operational activities.
- The Corporate Treasurer shall process the request in the following steps;
 1. Review submission for completion and receipts, date and sign as received
 2. Present request to the appropriate Authority as defined above
 3. Process payment in accordance with best business practices and the organizations Bylaws, for all approved requests / return all non approved requests to requestor.
 4. Issue payment to requestor, Requestor shall sign and date Request form as payment received.
 5. Corporate Treasurer shall log all requests, approved and un-approved in the Expense request log, and archive forms, receipts and check copy in accordance with the organizations Document retention Policy.

Forms

The following Forms are found on the succeeding pages, and are required, and shall be filled out in there entirety prior to submission.

- **Advance Payment Request (Check Request)**
- **Expense Reimbursement Request**
- **Travel Reimbursement Request**

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Imperial Court de' Fort Worth/Arlington Inc.
Expense Reimbursement Policy - Appendix D
Effective August 2013

Advance Payment Request (Check Request) Form

Please make ICFWA check payable to:

Vendor Name: _____
 Vendor Address: _____
 Vendor City/St/Zip _____
 Vendor Reference _____
 Vendor Phone: _____

Date of Request	Explanation of Expense	Project or Activity	Account/Purpose Admin/Accounting use only	Amount
Total Check Amount				\$ _____

Please attach appropriate invoice or price estimate. All amounts are represented in \$USD.

Member Signature: _____ Date _____

Received by: _____ Date _____

Approved by: _____ Date _____

Officer Title: _____

Check # _____	Check Date _____	Account _____
Check Received: _____	Date: _____	

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Expense Reimbursement Request Form

Please make check payable to:

Member Name: _____

Member Address: _____

City/State/Zip: _____

EXPENSES:

Date of Exp	Explanation of Expense	Project or Activity	Account/Purpose Admin/Accounting use only	Amount
				\$
				\$
				\$
				\$
				\$
Subtotal				\$
Advance Payment Towards Expenses				\$
Expenses Less Advance Payment				\$
Total Reimbursement Amount				\$

Please attach original receipts and submit form within 30 days of expense and prior to the 15th day of succeeding calendar month. All amounts are represented in \$USD.

Check one to elect to make this expense a contribution/donation to ICFWA:

I would like to contribute the total amount to ICFWA

I would like to contribute \$_____ to ICFWA

An acknowledgement letter will be sent if your donation is over \$250.

Member Signature: _____ Date _____

Received by: _____ Date _____

Approved by: _____ Date _____

Officer Title: _____

Check # _____	Check Date _____	Account _____
Check Received: _____		Date: _____

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Travel Reimbursement Request Form

Member Name: _____ Date: _____

Event: _____

Reason for Travel:

Departure date: _____ Returning date: _____

Expenses:	Amount	
Hotel	\$	
Taxi	\$	
Auto Mileage	\$	
Other (explain)	\$	
Total Advance Amount	\$	

All amounts are represented in \$USD.

Member Signature: _____ Date: _____

Received by: _____ Date: _____

Approved by: _____ Date: _____

Officer Title: _____

**** Original receipts due within 10 business days of completed travel****

Check # _____	Check Date _____	Account _____
Check Received: _____	Date: _____	

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