

## ***Case Management Society of New England***

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**Policy #: 16-96**

**Revised: 5/4/07**

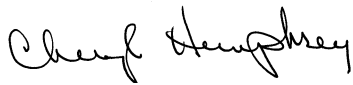
**Date: 5/7/97**

**Policy:** Expenses arising out of Case Management Society of New England (hereinafter CMSNE) business may be reimbursed according to the guidelines outlined below.

**Background/Purpose:** To define reimbursable expenses and to outline procedure for authorization.

### **PROCEDURE:**

- Expenses associated with committee, officer functions and board meetings, are considered reimbursable, such expenses would include phone bills, mileage and materials.
- When scheduled board meetings occur prior to a CMSNE educational program, a double occupancy hotel accommodation will be covered by the chapter at the facility where the program is held. Board members wishing to have a private/single room will be reimbursed at 50% of the double occupancy room rate only, ancillary expenses will be the responsibility of the board member.
- All requests for reimbursement must be accompanied by a Check/Reimbursement Request Form. Expenses will be reviewed and approved by CMSNE Treasurer and payment made according to the information provided on the form.
- Expenses anticipated to exceed approved budgeted amounts must be pre-authorized by the Treasurer. Some expenses may need to be authorized by the Executive Committee at the Treasurer's discretion. Submissions should follow the request for reimbursement guidelines as stated above.
- Mileage for routine board and committee meetings will be reimbursed at the current IRS rate.
- Check/Reimbursement Request Form must be submitted to the Treasurer, with receipts and explanation attached within 60 days of when the expense is incurred.
- CMSNE is the "payor of last resort". This means that individuals must submit expenses to their employer (if this benefit exists) or other payor source prior to accessing CMSNE funding.
- The Treasurer and/or Executive Director will issue payment based on the information submitted within 60 days of receipt. Executive Director will keep the original Check/Reimbursement Form on file at Chapter office for accounting purposes.
- To assist the Treasurer in monitoring expenses based on Officer and Committee Budget submitted for the next fiscal year, the Executive Director will provide monthly reports as follows: Itemized Categories Report and Profit/Loss Statement. These reports will allow the Treasurer to monitor financial soundness of the chapter.

Signed:   
Cheryl Humphrey, President

Date: 5/4/07

**Check/Reimbursement Request Form**

Request Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Expense Related CMSNE Committee/Office: \_\_\_\_\_

(i.e. Nominating, Newsletter, Executive Board)

**EXPENSES**

Expenses should be broken down by item. I.e. postage, misc. expenses, supplies, photocopying, travel expenses to conferences and/or CMSA board meetings, etc. **Receipts must accompany all expenses submitted for reimbursement.**

Expense Description

Cost

Expense Description	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses: \_\_\_\_\_

**For Office Use Only:**

Approval of Payment: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Entered in Peachtree: \_\_\_\_\_ Date: \_\_\_\_\_