

Case Management Society of New England
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Policy # 5-94

Date: 3/8/16

Policy: SPONSORSHIP OF CMSA BOARD MEMBERS, OFFICERS AND COMMITTEE CHAIRS

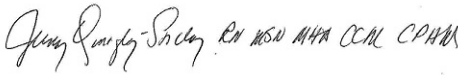
CMSNE will subsidize chapter members who serve on CMSA Board Members, Officers and National Committee Chairs/members in order to attend CMSA Board/Committee meetings, as required, to a maximum of three hundred dollars (\$300.00) per term for each individual.

The purpose of this policy is to encourage and support CMSNE members to run for CMSA elected positions and/or serve on CMSA Committees.

Procedure:

- 1 Covered expenses include travel, hotel, and meals. Expenses in excess of \$300.00 per term will not be reimbursed.
 - meal reimbursement not to exceed \$50/day, coverage is for approved CMSNE member only
 - Alcoholic beverages will not be reimbursed
 - Travel must utilize the most economical means, i.e. economy coach airfare, shuttle service from airport to meeting site, car rental is not considered reimbursable unless proven to be the most economical means. Mileage will be reimbursed at the current IRS non-profit rate
- 2 Expenses must be submitted in writing using a Check/Reimbursement Request form to CMSNE for review by the Chapter Treasurer. Appropriate proof of expenditure, e.g., receipt(s) of payment, and statement regarding submission for reimbursement to other payor source(s) must accompany the request. Responsibility for expenses not submitted within 60 days of incurred expense becomes responsibility of member.
- 3 Individuals will submit a written summary of the event for inclusion in the minutes of the next scheduled board meeting.
- 4 Reimbursement for attendance at CMSA-related meetings is contingent upon availability of sufficient treasury funds. The maximum reimbursable amount, per individual, is reviewed annually. The Chapters budget will include an estimated line item based on historical utilization and anticipated number of representatives.
- 5 CMSNE is the "payer of last resort". This means that individuals must submit expenses to their employer (if this benefit exists) or other payer source prior to accessing CMSNE funding.

Signed off: _____


Jenny Quigley-Stickney, CMSNE President

Date: 3/8/16

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

Total Expenses:	_____

For Office Use Only:

Approval of Payment: _____

Date paid: _____ Check #: _____

Entered in Quickbooks _____ Date: _____