

Expense Reimbursement Policy

Policy 88-001

Adopted by the Synod Council January 8-9, 1988 (SC88.01.28)

Revised January 29, 1999 (SC99.1.5)

Revised September 20, 2013

Synod Staff Expenses

All necessary and normal expenses incurred by the Synod Staff in carrying out the functions of their positions shall be reimbursed in full by the Synod (e.g. meals, lodging, taxis, air travel, etc.) Guidelines for reimbursable expenses are as follows:

Lodging, up to \$155.00 per day
Meals and Incidental Expenses, up to \$71.00 per day
Maximum Per Diem Rate \$226.00

No alcoholic beverages are to be charged to the Synod.

Expense reports submitted charging expenses beyond these allowances must include an explanation and should not exceed the Maximum Federal Per Diem Rates.

Expenses incurred for training, conferences, and conventions shall be reimbursed at the rates for the activity.

Meal expenses for business meetings must be annotated with the purpose of the meeting and number of participants.

All expenses whether charged to credit cards or paid by cash must have supporting receipts.

A cents-per-mile reimbursement rate for automobile travel expenses incurred by the Synod Staff shall be equal to the Internal Revenue allowance for business mileage. Staff members are to maintain logs of Synod related mileage and submit log sheets with requests for reimbursement.

The Synod may provide leased or purchased automobiles for Executive Staff members provided that doing so does not increase the cost of staff travel for the Synod. The Synod is responsible for the cost of gas and oil, maintenance, and insurance for Synod owned or leased automobiles. Staff may use owned or leased automobiles for personal travel. When doing so, the staff member is responsible for gas used for personal travel.

Council, Discipling Teams, Task Forces, and Committees

1. Travel reimbursement to meetings of Committees, Task Forces, and the Synod Council shall be paid according to the following guidelines:

Member driver	IRS Standard Rate for volunteer services to charities
Member driver plus 1 member passenger	\$0.17/mile
Member driver plus 2 or more member passengers	\$0.21/mile

A Mapquest or similar document should be submitted to support the mileage claimed.

2. IRS maximum lodging, meal, incidental expense, and per diem rates apply unless the expenses incurred are for a conference, meeting, or training in which case the costs for the activity shall apply.

3. Receipts must accompany expense reimbursement forms for the following:

- Hotel/Motel Accommodations
- Meals
- Airport Parking
- Taxi, Bus, Train, or Other Public Transportation Fares Postage in excess of \$5.00
- Office Supplies: paper, stencils, copy service, etc. Telephone Calls in excess of \$2.00
- Air Fare
- Car Rental
- Incidental Expenses

4. Airfare will be paid for travel to meetings of the Synod Council and other units only in cases where the member's one-way driving distance to the place of the meeting exceeds 175 miles.

5. Persons, who for legitimate reasons, are traveling to meetings from outside the territory of the Synod shall be reimbursed for no more than their travel expense from the boundary of the Synod. In no case shall such reimbursement exceed \$200.

6. Expense reimbursement forms must be signed by the claimant and approved by either the chairperson or Synod Executive Staff member assigned to the committee, discipling team, or task force. Synod Council forms must be approved by an officer.

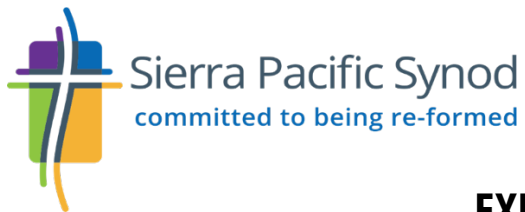
The Synod Treasurer or Business Manager shall review this policy each January to determine its alignment with the IRS Maximum Federal Per Diem Rates and submit recommended revisions to the Synod Council.

Instructions:

- Complete the form below and click on the **Print Form** button at the top of the form. Be sure to obtain needed approval from your Committee Chair.
- Staple all receipts on the back of the form in the top left corner.
- Mail the form to the Synod Office:

Sierra Pacific Synod
ATTN: Debbie Cook
9985 Folsom Blvd.
Sacramento, CA 95827

Mac Users: Open in Adobe for complete functionality.



9985 Folsom Blvd
Sacramento, CA 95827

EXPENSE REPORT

Please print or type

Today's Date:

Name _____

Address _____ City _____ State _____ ZIP Code _____

Committee: _____ Purpose: _____

Expense Date	Description	Amount
	Total automobile miles _____ at _____ cents per mile	

Total

Your Signature

Approved By

For Office Use Only

Account Number Amount
