Purpose

To define those expenses subject to reimbursement to Chanhassen Rotary Club members which have been incurred as a result of the member’s official function and to establish a procedure for the preparation, documentation and approval of expense reports that must be submitted for reimbursement.

Approval

Approval from the Club Board or Club Chair is required for all expenditures over $200.00. An event chair with a previously approved budget approved by the foundation board can authorize expenses approved in the budget and cost overruns up to 10% any budget line item. Changes in excess of 10% must be approved by the Club Chair or the Club Board.

Responsibilities and Instructions

Reimbursable expenses are to be reported on a timely basis on the Chanhassen Rotary Club Expense Report Form (within 90 days).

Preparation of the Chanhassen Rotary Expense Report by the member must be in accordance with the following guidelines.

1. Member will list incurred expenses in complete detail by date and day of the week.
2. Member will provide supporting documents for both cash and charge items.
3. Member must sign and date the completed expense report.

The Club will not reimburse for member or non-member expenses incurred for the purchase of bar/restaurant food and refreshments unless previously approved by the Club Board or Chairman. The Club may (with a committee or project chair prior approval) reimburse members for takeout or store-purchased food and refreshments served at a fundraising or project planning event. Participants present must be primarily involved with the event or project for which planning/discussion/wrap-up meeting in intended.

Member submits properly completed expense report (copy attached) with attached supporting documents to the Club Treasurer for approval.

The Club Treasurer verifies report for accuracy, proper documentation, accounting distribution, and clears any discrepancies with the member as considered necessary.

The treasurer provides reimbursement of balances due member promptly.

# Submitted by Date

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| **Date occurred** | **Description of Expense** | **Purpose Expense Incurred** | **Amount** |
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|  |  | **TOTAL:** | **$ 40.53** |

Signed Date

Please attach receipts for all items for which reimbursement is requested.