

Marion Alachua Dog Training Association, Inc. (MADTA)

Expense Reimbursement Policy

Adopted: December 17, 2013

Purpose

The purpose of the Expense Reimbursement Policy is to protect MADTA'S tax exempt-nonprofit status by providing operating procedures for reimbursement of valid, MADTA business expenses. This policy addresses advance payment requests, reimbursement payment requests, and travel payment requests. All MADTA expenses will follow these procedures. This policy does not replace any applicable state or federal laws governing nonprofit organizations.

Definitions

1. **Expense**

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

2. **Member**

Only active members acting on behalf of MADTA and executing MADTA business may submit payment requests.

3. **Request Types**

- a. *Advance Payment Request (Check Request) Form* is submitted when the MADTA expense, vendor and amount are sufficiently known in advance to secure an advance payment via a MADTA check.
- b. *Expense Reimbursement Request* is submitted after a pre approved MADTA expense has been paid by a member. The member has the option to donate the expense amount; however a reimbursement request should be submitted regardless. All expense reimbursement requests MUST have a dated original receipt attached. Expenses are paid directly to the member; no third party payments will be made.
- c. *Travel Reimbursement Request* is submitted for pre approved travel for MADTA. Mileage is paid at the current IRS rate for charity miles (currently \$.14 per mile). *Please consult your Tax Professional regarding applicable laws concerning charity travel miles.*

4. **Authorization**

All MADTA related expenses must be authorized by the annual budget or by the Board of Directors. Only the President, Vice President or Secretary may authorize payments. The Treasurer may not solely authorize payment.

5. **Timing**

Expenses must be turned in to the Treasurer for reimbursement no later than 30 days after the expenditure date. All December expenses are due by January 15th of the succeeding year. This will allow ample time to close the books, prepare financials and prepare for annual reporting and audits. Expenses submitted after this date will NOT be reimbursed.

Expense reimbursements will typically be paid within two weeks of receipt. Emailed forms are acceptable with a hard copy follow up.

Marion Alachua Dog Training Association, Inc. (MADTA)

Advance Payment Request (Check Request) Form

Please make MADTA check payable to: (all vendors must provide a current W-9 form)

Vendor Name: _____

Vendor Address: _____

Vendor City/ST/Zip: _____

Vendor Phone: _____

Date of Request	Explanation of Expense	Project or Activity	Amount
Total Check Amount			\$

Please attach appropriate invoice or estimate.

Member Name: _____

Member Signature: _____ Date: _____

Approved By: _____ Date: _____

Check # _____ Check Date _____ Amount _____

Marion Alachua Dog Training Association, Inc. (MADTA)

Travel Reimbursement Request Form

Please make MADTA check payable to:

Member Name: _____

Member Address: _____

Member City/ST/Zip: _____

Member Phone: _____

Date of Expense	Explanation of Expense	Purpose of Travel	Quantity	Rate	Total Amount
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
Total Mileage Reimbursement					\$

***Please attach original receipts and submit form within 30 days of expense and prior to January 15 of the succeeding year.
Expense requests without receipts or authorizations will not be processed.***

Check one to elect to make this expense a donation to MADTA:

- I would like to contribute the total amount to MADTA*
- I would like to contribute \$_____ to MADTA*

Member Name: _____

Member Signature: _____ Date: _____

Approved By: _____ Date: _____

Check # _____ Check Date _____ Amount _____

Marion Alachua Dog Training Association, Inc. (MADTA)

Expense Reimbursement Request Form

Please make MADTA check payable to:

Member Name: _____

Member Address: _____

Member City/ST/Zip: _____

Member Phone: _____

Date of Expense	Explanation of Expense	Project or Activity	Amount
Subtotal			\$
Less: Advance Prepayment			\$
Total Check Amount			\$

Please attach original receipts and submit form within 30 days of expense and prior to January 15 of the succeeding year. Expense requests without receipts or authorizations will not be processed.

Check one to elect to make this expense a donation to MADTA:

- I would like to contribute the total amount to MADTA*
- I would like to contribute \$_____ to MADTA*

Member Name: _____

Member Signature: _____ Date: _____

Approved By: _____ Date: _____

Check # _____ Check Date _____ Amount _____