

Effective Date: 5/15/2007. 4/26/2001, Motion #01-025

Revised Date:

Review Date:

North Sound Mental Health Administration

Section 4500 – Consumer Affairs: Allowed and Disallowed Expenses

Authorizing Source:

Cancels:

See Also:

Responsible Staff: OCA Manager

Executive Director Signature:

Approved by: Board of Directors Date: 4/26/2001

Motion #01-025

Date: 5/16/2007

POLICY #4513.00

SUBJECT: ALLOWED AND DISALLOWED EXPENSES

PURPOSE

The purpose of this document is to govern development of the Advisory Board use of funds. It describes allowable purchases, limiting conditions, required authorizations, and required administrative processes.

It is intended that all policies and procedures set down comply with the policies and procedures of the North Sound Mental Health Administration (NSMHA), the State of Washington, and the US Federal Government. If a conflict occurs between policies and procedures in this document and those of the NSMHA, State, and/ or the Federal Government, those of the NSMHA, State, and/ or Federal Government will apply.

POLICY

The NSMHA policy is to cover the operating costs of the Advisory Board, the reasonable participation expenses of its members, and attendance and travel costs of consumers and advocates at NSMHA meetings, Advisory Board meetings, Mental Health conferences, etc. The Advisory Board shall determine the expenses allowed and the funding limits of each category (mileage, supplies, etc.).

PROCEDURE

1. ALLOWED EXPENSES

- a. Postage.
- b. Purchase of supplies and materials as approved by the Advisory Board.
- c. Phone calls for official Advisory Board business.
- d. Transportation reimbursement to and from the monthly Advisory Board and other NSMHA meetings (such as, Board of Directors, QMOC, and related subcommittee meetings), conferences, seminars and trainings pre-approved by the Advisory Board and/or assigned by the Board of Directors.
- e. Transportation is defined as:
 - i. Mileage reimbursement for privately owned automobile;
 - ii. Taxi;
 - iii. Bus;

- iv. Airport shuttle service;
- v. Ferry;
- vi. Airfare (*requires pre-approval from the NSMHA Executive Director*).

- f. Travel advances pre-approved by the Advisory Board.
- g. Reimbursement for costs incurred while Advisory Board members are carrying out their Advisory Board functions, such as, meals, childcare and other costs approved herein.
- h. Reasonable parking costs.
- i. Childcare when an Advisory Board member, advocate, or consumer is performing business for the NSMHA, attending Advisory Board or Board meetings and organized Board/Advisory Board activities.

2. DISALLOWED EXPENSES

- a. Meals for or entertainment of others.
- b. Alcoholic beverages, drugs, or tobacco.
- c. Fines, penalties, parking or speeding tickets, etc.
- d. Any unreasonable, unnecessary costs or personal preference items, such as, first-class air travel.
- e. Reimbursement for meals, travel, or other expenses related to lobbying.

3. EXPENSES REQUIRING PRE-APPROVAL

The following expenses must be authorized in advance by the Advisory Board:

- a. Attendance of conferences, seminars, or other training opportunities (use the ***Advisory Board Training/Conference Request*** (Enclosure 3)).
- b. Purchases of supplies and materials.

*Note: The NSMHA Finance Committee shall review all requests and present to the Advisory Board **with their recommendation to approve or deny**. The Executive Committee of the Advisory Board may act on behalf of the Advisory Board when time does not allow request to come to full Advisory Board.*

Expenses that must be authorized in advance by the NSMHA Board of Directors include:

- a. All purchases more than \$250.
- b. All air travel.

Expenses that must be authorized in advance by the NSMHA Board of Directors include:

- a. Out-of-State travel.
- b. All purchases of \$10,000 or more.

Please submit requests requiring pre-approval to the Chair, Advisory Board, Finance and Chair, Executive Committee using one of the following formats:

- a. **Advisory Board Training/Conference Request** (Enclosure 3);
- b. **Travel Advance Request** (Enclosure 2).

4. REIMBURSEMENT – GENERAL

Advisory Board members shall submit a monthly request for reimbursement with supporting documentation (receipts) for all allowable expenses. The Advisory Board Finance Committee shall authorize the expenses at its regular meeting and transmit to the Fiscal Office for processing. Attached for individual use is a copy of the **Advisory Board Monthly Reimbursement Request** (Enclosure 1).

5. DOCUMENTATION OF EXPENSES

All requests for expense reimbursement must be documented. Failure to provide the required documentation may result in NSMHA's inability to honor the requested reimbursement. Receipts should have the name, location, and phone number of the vendor whenever possible. Documentation may include but be limited to, the following:

- a. Actual auto mileage to and from meetings or other functions of the Advisory Board or NSMHA that fall under the purview of the Advisory Board.
- b. Receipts for transportation; i.e., airfare, rental cars, shuttles, taxis, buses, etc.
- c. Receipts for parking, when available.
- d. Receipts for lodging.
- e. Receipts for meals.
- f. Receipts for registration fees.
- g. Receipts for materials or supplies.
- h. Receipts for childcare costs.

NOTE: Charge card slips are not acceptable documentation unless an itemized list of expenses paid is also printed on the slip. In addition, when turning in charge card slips, please cover up account numbers and expiration dates, as all receipts become public documents.

ATTACHMENTS

- 4513.01 -Advisory Board Monthly Reimbursement Request Form
- 4513.02 -Advisory Board Travel Advance/Reimbursement Request Form
- 4513.03 -Advisory Board Training/Conference Request Form

North Sound Behavioral Health Organization

301 Valley Mall Way, Suite 110 * Mount Vernon, WA 98273 * Phone 360-416-7013 * Fax 360-416-7017

Advisory Board Monthly Reimbursement Request

Name: _____

Month/Yr. _____

Address: _____

Authorized by: _____

Date	Miles	Destination	Meals/Other*	Purpose

***Please attach a receipt for each expense you list.**

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signature: _____

Date Submitted: _____

Advisory Board Travel Advance/Reimbursement Request

To ensure your travel advance will be ready in time for your travel, please submit travel advance requests to North Sound Behavioral Health Organization (North Sound BHO) Fiscal Officer **at least four weeks** before anticipated travel.

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Name of Conference/Event: _____

Location of Conference: _____

Date(s) of Conference: From _____ To _____

Planned Arrival Date: _____ Planned Departure Date: _____

Anticipated Expenses:

Round-Trip Transportation		\$ _____
Registration Fee		\$ _____
Lodging: ____ nights	@ \$ _____/night	\$ _____
Meals:		
____ No. Breakfasts @ \$12 each	\$	
____ No. Lunches @ \$17 each	\$	
____ No. Dinners @ \$27 each	\$	
Total Meals: _____		Total Cost: \$ _____
Total Advance Requested:		\$ _____

Expenses Not Reimbursable:

- Hosting (meals for or entertainment of others)
- Alcoholic beverages or tobacco
- Fines, penalties, etc.
- Any unreasonable, unnecessary costs or personal preference items such as first-class travel.

Washington State Law requires that any travel performed outside the State of Washington be justified. If your travel will take you out of state, please explain briefly why your objective could not be met in Washington State:

Authorized By: _____
Signature

**North Sound Behavioral Health Organization
Advisory Board Training/Conference Request Form**

Name: _____

Title: _____

Title of Training/Conference: _____

Date(s) of Training/Conference: _____

Circle Day(s) of Conference: Mon Tue Wed Thur Fri Sat Sun

Location of Training/Conference: _____

Application of knowledge gained at Training/Conference: _____

Total Travel/Registration Fee/Lodging/Meals Expenses: \$ _____

Will you be requesting a Travel Advance Yes [] No []
If "Yes," please attach Travel Advance Request Form

Please do not write below this line. _____

Approved Disapproved

Advisory Board Authorization

Date

North Sound BHO Executive Director Authorization

Date