

CLARENCE FIRE DISTRICT NO. 1
TRAVEL EXPENSE POLICY

I. SCOPE:

This policy applies to all members of the Clarence Fire District No. 1 when traveling on behalf of the District and the procedure for requesting reimbursement.

II. OBJECTIVE:

This policy establishes guidelines for (a) requesting approval, (b) meal reimbursement options, (c) other expenses that will be reimbursed, (d) expenses which are not reimbursed and (e) requesting reimbursement.

III. DISTRICT GUIDELINES:

A. Requesting Approval for an Upcoming Trip:

A representative of the District wishing to attend a conference or seminar must make a request to the Board of Fire Commissioners at their regular meeting (currently the second Monday of each month). The request must be made before taking the trip.

B. Meal Reimbursement Options:

1. If the traveler selects the per diem option, the traveler will be reimbursed the amount specified in IRS Publication 463 for the location where the expense occurs, and no documentation will be required.
2. If the traveler selects the actual meal expenses option, the traveler must submit, to the District, a completed and signed expense report, with receipts attached. The maximum reimbursable amount per day shall not exceed the federal domestic per diem rate plus 20%.

C. Other Expenses that will be Reimbursed:

1. To qualify for overnight accommodations, the one-way mileage distance from Clarence Firehall must exceed 125 miles. The Board of Fire Commissioners may grant a variance from this distance if special circumstances exist.
2. Transportation to and from Clarence to the seminar/event and necessary travel in the town where the seminar/event is located. Travel by airplane, train, bus, taxi or car is acceptable. However, travel shall be via the most economical and practical means available. For example, airplane travel may be more cost effective than auto. *The Board of Fire Commissioners reserves the right to determine the means of transportation.* If using a personal vehicle, odometer readings before and after the trip are required. Mileage in excess of the commute between Clarence and the destination site must be documented to receive reimbursement. Reimbursement will be at the standard mileage rate (set by Internal Revenue Service Publication 463) or documented actual expense.
3. Other expenses include: tolls, tips paid for transportation and other similar ordinary and necessary expenses related to the business travel.

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D. Expenses that can not be Reimbursed:

1. Clarence Fire District No. 1 is a municipality and is exempt from state taxes. The traveler's expenses must **NOT** include any New York State tax. All reimbursements will be made net of NYS taxes.
2. Clarence Fire District No. 1 will only pay expenses for authorized personnel. No reimbursement can be made for expenses for companions traveling with a District representative.
3. The District can not legally reimburse a traveler for any alcohol purchases nor personal entertainment. Any such purchases will be deducted from the reimbursement requested.

E. Requesting Reimbursement:

1. An expense report (see Exhibit 1) will be issued to the traveler prior to the event. If there are any questions about the completion of this form please ask a Commissioner or the District Treasurer.
2. **SAVE ALL RECEIPTS.** A traveler can only be reimbursed for documented expenses.
3. Complete the expense report, attaching all receipts, and give to the Commissioner in charge for his review. (Expense reports must be submitted no later than 2 weeks from the last day of travel.) Finally, it will be forwarded to the District Treasurer for payment.

IV. When there is a question always direct your inquiries to the Clarence Fire District No. 1 Treasurer for clarification.

V. This policy rescinds the Clarence Fire District No. 1 guidelines dated October 17, 2005.

VI. This policy is adopted effective January 7, 2008.

By Order of the Board of Fire Commissioners.

Attachment

Clarence Fire District No. 1
Policy Number 08-01-5

F:\District Secretary\Policies\Travel Expense SOP.word

**CLARENCE FIRE DISTRICT NO. 1
TRAVEL EXPENSE REPORT**

Name: _____ Title: _____
 Trip to: _____ Trip Purpose: _____
 Dates of trip: _____ to _____

Hotel Expense: (receipts attached)
 _____ nights at \$ _____ per night. \$ _____

Transportation Expense:
 Airfare, Train, Car rental, etc. (receipts attached) \$ _____
 --- OR ---
 Personal vehicle _____ miles at _____ per mile. \$ _____
 Starting mileage _____ Ending mileage _____

Meal Expense:
 Actual expenses (receipts attached) not totaling more than IRS per diem. \$ _____
 --- OR ---
 _____ days at per diem of \$ _____ per day. \$ _____

Other Expenses: (List individually and attach receipts. Use reverse side if needed.)

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Other Expenses		\$ _____
Total Expenses for this trip		\$ _____

Less District charge card charges:

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Less Total District charge card charges		\$ _____
Amount paid by traveler		\$ _____
Less prepaid expenses (check numbers: _____)		\$ _____
Amount due to/from traveler (check number: _____)		\$ _____

	<u>Signatures</u>	<u>Date</u>
1. Traveler	_____	_____
2. Chief	_____	_____
3. Commissioner/Chairman	_____	_____
4. District Treasurer	_____	_____

Note: All course certificates must be copied to the District Office to be placed in each firefighters' personnel file.