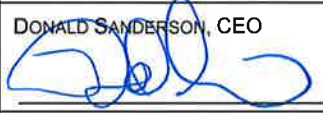




West Parry Sound Health Centre

Valid on date printed: Monday, March 19, 2018. Discard immediately after use. Current policies are available on www.wps hc.com

CORPORATE			
TRAVEL EXPENSE			
ISSUING DEPARTMENT:	ADMINISTRATION	DATE OF ORIGINAL ISSUE:	SEPTEMBER 1, 2007
ISSUING AUTHORITY:	DONALD SANDERSON, CEO 	DATE OF LAST REVISION:	MARCH 15, 2018
TITLE OF ISSUING AUTHORITY:	CHIEF EXECUTIVE OFFICER	NEXT REVIEW DATE:	MARCH 15, 2020
DISTRIBUTION:	ALL DEPARTMENTS	PUBLICATION STATUS:	APPROVED
KEYWORDS:	Travel Expense Reimbursement		

1.0 INTRODUCTION

West Parry Sound Health Centre is committed to ensuring that staff members are fairly reimbursed for travel expenses related to WPSHC business and to facilitating staff accessibility to all sites where deemed appropriate by WPSHC.

2.0 POLICY STATEMENT

2.1 Staff members who are required to work at more than one site or who are required to travel between sites on WPSHC business shall be paid a \$4.00 round trip travel allowance for travel within the Town of Parry Sound. Carpooling is encouraged whenever feasible and only one payment shall be paid per vehicle on any given trip.

3.0 PURPOSE

N/A

4.0 DEFINITIONS

N/A

5.0 EQUIPMENT

N/A

6.0 DOCUMENTATION

- 6.1 All Staff should complete a Request for Travel Expense Approval and Authorized Leave Form (Form # FS 1.1) prior to attending a seminar, conference, convention or meetings out of town.
- 6.2 All appropriate sections of the form must be completed. Incomplete sections may result in delay or denial of approving the request.
- 6.3 A copy of the event program outline / agenda, and completed registration form (if applicable) must accompany the travel request form.

7.0 PROTOCOL

N/A

8.0 PROCEDURE

- 8.1 All Payments must have an approved Staff Travel Form or Requisition Form. Payments \$50.00 or less may be processed through Petty Cash. Payments in excess of \$50.00 will be processed through Accounts Payable.

8.2 Expenses

8.2.1 Transportation

Car rate - \$0.525/km.

In order to calculate the estimated amount, a guideline of the number of kilometres for a return trip has been developed (Exhibit 2). Staff members are to note the exact number of kilometres travelled and calculate cost based on the actual number of kilometres travelled.

Point of Origin for Travel – It is understood that the point of origin for travel will be either the work site or home, whichever is closer to the travel destination.

Other modes – submit receipts.

8.2.2 Hotels

Booking a hotel room – staff member attending conference must book own room and must provide a receipt for reimbursement. Staff will make reasonable efforts to book standard quality hotel rooms. Rooms exceeding standard quality must be approved by the Director of the service.

Overnight stays with family / friends are encouraged and will be reimbursed at a rate of \$30.00 per night.

On-line reservation acknowledgments should be forwarded to accountspayable@wpshec.com to reduce tracking of misplaced hotel receipts.

Personal long-distance call expense from hotel is ineligible travel expense.

8.2.3 Meals

Where the event provides meals, there will be no meal allowance given.

Rates – A maximum standard meal allowance applies.

Breakfast	-	\$15.00
Lunch	-	\$20.00
Dinner	-	<u>\$30.00</u>
		\$65.00

Indicate number of meals consumed by category – breakfast, lunch, dinner. Receipts will be required for all meals. The lesser of the maximum standard meal allowance and the submitted meal receipts will be allowed for reimbursement.

Room service – allowable within maximum amount per meal or per daily maximum.

Evening meal allowance is eligible on return trip home if the estimated arrival time home, without stopping for dinner, is later than 6 p.m.

Alcoholic beverages – In accordance with the Broader Public Sector (BPS) Procurement Directive alcoholic beverages are not normally eligible for reimbursement, therefore this type of expense will be paid by the staff member.

8.2.4 Registration Fees

Staff member indicates if paid by self – receipt required with final cost if paid by self.

Expense Form must include registration form and copy of program outline / agenda.

8.2.5 Parking

Receipt required if parking cost is over \$4.00.

8.2.6 Other Expenses

No tipping for luggage handling and taxi

Local subway/local bus – no receipt if one trip is less than \$4.00

Other expenses – provide details and receipts if applicable

Entertainment expenses are not eligible for reimbursement e.g. movie rentals, sporting events, concerts.

8.2.7 Money in Advance

The responsible and appropriate use of charge cards is a common practice and is encouraged. Money in advance will only be considered in exceptional circumstances. Request for Travel Expense Approval and Authorized Leave Form # FS 1.1 must be received in Financial Services fourteen days in advance of the event with all signatures including that of the CEO.

Final reports must be submitted with signatures and receipts attached for all expenses, and received by Financial Services within seven days of return from the travel event.

8.2.8 Will you be receiving reimbursement from other sources?

Indicate Yes or No.

e.g. guest speaker at meeting or conference and host organization will cover your expenses, or asked to be on Ministry committee and Ministry has agreed to cover expense.

8.2.9 Signatures

Estimate – staff member attending signs, followed by Director of Service and CEO. Where total estimated expense is less than \$300.00, then Director may approve request.

Final – staff person attending signs followed by Director.

Note: Where final expenses are greater than 10% higher than estimated, then Director of Financial Services will forward to the CEO for

final approval. Final expense forms must be submitted within one week of return to work. Financial Services will monitor return of final forms and send incomplete forms to Director for immediate completion.

8.2.10 Form Distribution

- Original travel request form with original registration form – to Director of Service, then to the CEO
- CEO sends original to Financial Services
- CEO sends copy back to Director of Service
- After conference is attended, copy of original (estimate section signed by Director et al) with receipts as required, Final costs completed, and signed by staff member is sent to Director, who sends to Financial Services. Department may keep copy of completed form.

8.2.11 Mileage

At the rate of \$0.525 per kilometre
Rate effective May 1, 2008

Barrie	270 km return	\$ 141.75
Bracebridge	180 km return	94.50
Britt	150 km return	78.75
Huntsville	170 km return	89.25
North Bay	310 km return	162.75
Ottawa	860 km return	451.50
Pointe au Baril	80 km return	42.00
Sault Ste. Marie	930 km return	488.25
Sudbury	330 km return	173.25
Toronto	450 km return	236.25

9.0 OUTCOMES

N/A

10.0 RESPONSIBILITY AND MONITORING

N/A

11.0 REFERENCES

N/A

12.0 RELATED POLICIES

N/A

13.0 APPENDIX

**Request for Travel Expense Approval and Authorized Leave Form
(Form # FS 1.1)**

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REQUEST FOR TRAVEL EXPENSE APPROVAL AND AUTHORIZED LEAVE

NAME OF APPLICANT:		POSITION:	
Names of Staff or Others included in Travel:			
REASON FOR WISHING OR AGREEING TO ATTEND: (Give details of time, place and scope of trip)			
Date:	PLACE:		
Days Absence	<input type="checkbox"/> with pay	<input type="checkbox"/> without pay	from: to:
SCOPE:			
Program and Completed Registration Form must accompany application.			
DETAILS OF EXPENSES		ESTIMATE	FINAL
Transportation (means)	# of km. _____	\$ _____	\$ _____
Hotel	# of nights _____		
Meals # of – Breakfasts ___ Lunches ___ Suppers ___			
Registration Fees – Paid by Self	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parking			
Other Expenses (give details)			
TOTAL			

Final approval will require accompanying receipts for Travel, Hotel, Meals, Parking, Registration, etc.			
DO YOU WISH MONEY IN ADVANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Advanced \$ _____ Cheque # _____ Date _____ Initials _____	
WILL YOU BE RECEIVING REIMBURSEMENT FROM OTHER SOURCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, indicate Amount \$ _____ From _____	
Signatures Required	Applicant	Director of Service	C.E.O.
ESTIMATE	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
FINAL	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____

ADDITIONAL COMMENTS WHERE APPLICABLE	FOR FINANCIAL SERVICES USE ONLY:
	Balance Owing (receivable) \$ _____
	Cheque # _____ Receipt # _____
	Date _____ Initials _____

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◆ COMPASSION ◆ ACCOUNTABILITY ◆ RIGHTS AND RESPONSIBILITIES ◆ EXCELLENCE ◆