

City of Westfield Non-Travel Reimbursement Policy

This policy provides guidelines and establishes procedures for all City, School, and Gas & Electric employees who incur City-related work expenses. The purpose of this policy is to ensure all employees have a clear and consistent understanding of the policy and procedures for work-related expenses and to provide guidance regarding what expense types are, and are not, allowed.

The City will reimburse employees for all reasonable and necessary expenses that follow this policy. The City assumes no obligation to reimburse employees for expenses that are not in compliance with the policy or for expenses that are not part of an employment contract and were not **preapproved per purchasing manual**.

Employees and management are responsible for expense management and any misrepresentation of expenses or misapplication/noncompliance with the policy may be subject to delay or withholding of reimbursement. Exceptions, deviation or reimbursement of expenses not in compliance with this policy require prior approval from the Auditor.

Please make note:

The City **will not** reimburse state sales tax.

The City Auditor reserves the right to request additional information from that listed as needed.

The City Auditor reserves the right to reject any reimbursement which does not follow the Reimbursement Policy guidelines or is not documented correctly.

Reimbursement

The employee is required to submit a Reimbursement Expense Voucher for reimbursement in a timely manner for review and approval by management along with receipt(s) and proof(s) of payment. Generally, the submission time should occur no later than thirty (30) days after the work expense is incurred. All expenses are required to be submitted under one expense voucher and not split between 2 or more requests. All approvers are responsible for reviewing expense vouchers for accuracy and compliance with the policy.

Personal credit cards belonging to the employee may be used for reimbursable City-related work expenses. If using a personal credit card or check, the credit card or check **MUST** be in the name of the employee who is requesting reimbursement payment. **Employees will not be reimbursed if the credit card or check is in someone else's name.** Employees will not be reimbursed for any fees of late charges on personal credit cards. The employee is responsible for reviewing and disputing any billing errors or discrepancies on invoices.

Receipts and Proofs of Payment

A receipt is any document that contains the following five IRS-required elements:

1. Name of vendor (*person or company you paid*)
 2. Transaction date (*when you paid*)
 3. Detailed description of goods or services purchased (*what you bought*)
 4. Amount paid
 5. Form of payment (*how you paid – cash, check, or last four digits of credit card*)
- Cleared check – **check must be printed with the name of employee that is requesting reimbursement.** Obliterate the bank routing and account numbers printed on the bottom of the check, leaving any numbers in the lower right corner visible. Check the endorsement side of the check and obliterate any legible numbers. Most cleared checks are available as scanned images from your online bank account.
 - Credit card or Bank statement – **statement must show name of employee that is requesting reimbursement. Please leave the last 4 digits of credit card account visible.** Obliterate cardholder address, summary of account information (payment due, balance, etc.) and all other details not relevant to the particular transaction for which reimbursement is requested. Information must be fully redacted.

CITY OF WESTFIELD

EXPENSE VOUCHER

Make check payable to:

Name _____	Vendor # _____	(AUDIT USE ONLY) Invoice #: _____
Address _____	PO # _____	Date of Request _____
City, St, Zip _____	<u>**DO NOT HIGHLIGHT RECEIPTS**</u>	

EDUCATION EXPENSE	PLEASE INCLUDE PERSONNEL APPROVAL FORM, IF REQUIRED, SUFFICIENT DOCUMENTATION, CERTIFICATE OF COMPLETION OR EQUIVALENT AND PROOF OF PAYMENT				
	Association Name	Conference or Course Name	Date(s)	Online / In-Person	Fee
	_____	_____	_____	_____	_____
	Location of In-Person venue: _____				

LICENSING EXPENSES	PLEASE INCLUDE COPY OF CURRENT LICENSE ALONG WITH SUFFICIENT DOCUMENTATION AND PROOF OF PAYMENT				
	Association Name	Type of License (Hoisting, etc.)	License #	Expiration	Fee
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

MISCELLANEOUS EXPENSES	PLEASE PROVIDE SUFFICIENT DOCUMENTATION AND PROOF OF PAYMENT			
	Vendor or Association Name	Description	Amount	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	

Additional Explanation of Expenses:	Total Expenses _____ Authorized _____ Reimbursement _____ Account to be Charged: _____
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I hereby certify that this Expense Voucher is in accordance with the policies and procedures of the City of Westfield. All receipts included are original.	_____ Dept. Head/Approving Manager Name
_____ Employee Signature	_____ Date
_____ Dept. Head/Approving Manager Signature	
_____ Date	

Your reimbursement will be processed more promptly if you submit your completed original, not a photocopy, and include all original receipts

Audited By _____
Date _____

VOUCHER NUMBER