



Health Ministries Association Operations Manual - Policy and Procedure	Original Effective Date	7/23/2015
	Current Effective Date	
<i>Submission of Check Requests</i>	Dates Reviewed	

- I. **Policy:** It is the policy of HMA to reimburse approved expenses incurred by the BOD, staff and members.

- II. **Purpose:** The purpose of this policy is to provide a mechanism for reimbursement of expenses related to the operation of the Health Ministries Association.

- III. **Procedure:**
 1. A **check request form** shall be completed and submitted within thirty (30) days from the date of or use of the expense. If a check request form is not submitted within sixty (60) days, the HMA representative will be held personally responsible and will not be reimbursed for any expenses.
 - a. A check request form will be submitted to the HMA Treasurer.
 2. **Receipts** are required for all disbursements. Travel mileage logs must be submitted with a check request form for reimbursement of mileage. Receipts must show the date, amount, place and type of expense. Attach receipts to an 8½ x 11 blank white sheet of paper. Make a copy for your personal file
 - a. **Meals** – Credit card receipt or detailed restaurant bill
 - b. **Car Rental** – Car rental agreement and copy of credit card receipt
 - c. **Miscellaneous Expense** – Copy of credit card receipt, dated, or detailed cash receipts
 3. **Travel:** Reimbursement for any travel expenses must be pre-approved by the Executive Committee prior to booking.
 - a. **Airline Travel:** Airline travel will be booked in coach and far enough in advance for reduced fares (obtain comparison rate quotes). Proof of payment will be attached to the check request form showing a confirmation number, flight information, and total flight price.
 - b. **Car Rental:** Insurance coverage for a rental car is adequately covered by the HMA representative’s personal insurance policy. When feasible, rental cars should be returned to the rental location to avoid drop off charges, filling the gas tank prior to returning the car.
 - c. **Personal Car:** Use of a personal auto when authorized for HMA business, will be reimbursed at the rate permissible by the IRS. A mileage expense log will be submitted with a check request form.



4. Lodging:

- a. **Hotel:** Reservations should be made in advance to obtain the best rates. Lodging receipts must be attached to the check request form.
 - i. Late arrivals/no shows: When making reservations, the room should be guaranteed for a late arrival, but it is the HMA representative's responsibility to call the hotel if travel plans change. A "No Show Charge" will not be the responsibility of the HMA.
 - ii. Hotel Charges: All hotel bills will be paid at the time of check out by the HMA representative personally. Hotel bills should not be billed directly to HMA with the exception of HMA functions and meetings arranged by HMA.

5. Food:

- a. **Meals** consumed during "approved" travel related to HMA business are reimbursable. Receipts and documentation should be attached to the check reimbursement form, including: date and time of meal, names, titles and relationship of the person whose meal is being reimbursed, cost of meal (tip – maximum 20% tip plus tax). Bar bills are not reimbursable. Handwritten notes are not acceptable as documentation for meal expenses. A credit card receipt, cash receipt or hotel bill are required.

6. Other Reimbursable Expenses:

- a. **Tolls, parking** charges must include the proper documentation to support reason for the expense.
- b. **Speaker Fees:** conference key note or workshop presenter fees will be reimbursable according to the terms of the individual's HMA contract.



**HEALTH MINISTRIES ASSOCIATION
CHECK REQUEST FORM**

DATE: _____

AMOUNT: _____

NAME OF PAYEE:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

REASON FOR REQUEST:

REQUESTED BY: _____

APPROVED BY: _____ **DATE:** _____

**PLEASE ATTACH SUPPORTING DOCUMENTATION/RECEIPTS
INCOMPLETE FORMS WILL NOT BE PROCESSED
EMAIL or MAIL TO HMA TREASURER:**

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Revised: 10/15