

GHOST LAKE**POLICY – EMPLOYEE & VOLUNTEER EXPENSE****1. PURPOSE**

The purpose of this policy is to:

- a) clarify the process by which Employees and Volunteers are authorized to make purchases on behalf of the Summer Village;
- b) make clear the reimbursement process;
- c) support accountability for financial transactions; and
- d) provide clarity of roles and responsibilities.

2. POLICY

The Summer Village of Ghost Lake will reimburse employees, volunteers, and members of council for approved expenditures incurred on official municipal business.

To be eligible for reimbursement, purchases must be authorized by the Chief Administrative Officer and, or Committee Chair. Expenses must be necessary, reasonable and justifiable. An Expense Claim form (Appendix A) must be completed and submitted to administration, accompanied by the original itemized receipts, in a timely manner.

3. DEFINITIONS

In this policy:

“Employee” means any regular or contract employee, or volunteer providing services under the authority of the Chief Administrative Officer or the Council of the Summer Village;

4. PROCESS

- a) All expenditures made by must be approved by Council within the operating budget.
 - b) No expenditure may exceed the approved budget without approval by Resolution by Council.
 - c) Employees and Volunteers making a purchase for an approved Committee event or Work Bee must have prior approval before making a purchase. A completed Expense Claim Form including copies (scanned or original) of all receipts is to be submitted to Village Administration within 60 sixty (60) days of the expense incurring.
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- d) Administration will obtain electronic approval signatures from appropriate approving authority as per the Signing Authority Policy.
- e) Expense reimbursements will be made by Cheque within 30 days of receiving the completed Expense Form and Electronic Approval Signatures.

5. RESPONSIBILITIES**EMPLOYEE & VOLUNTEER RESPONSIBILITY**

Any employee engaged in purchasing for the Summer Village must ensure:

- a) All purchases are made in accordance with this policy;
 - b) Committee Chairs are responsible to ensure anyone they delegate to make purchases on behalf of the Summer Village understand what they are required to purchase and what their budget is;
 - c) Budgets are not suggestions; any overspending must be explained in writing and reimbursements will only be made with Council approval;
 - d) When claiming expenses employees and volunteers must provide a completed Expense Claim form. All expenses must be supported by a receipt, invoice or other proof of expenditure. Credit card receipts are not appropriate on their own unless they contain details of items purchased;
 - e) Where original receipts are lost or not available a detailed written explanation is to be provided. The explanation will be required before payment can be issued. Within a fiscal year detailed receipts can only be missing on no more than three occasions, beyond that expenditures will be considered a personal expense. All receipts are to be legible for easy understanding;
 - f) All expense claims should be submitted for reimbursement on a timely basis. Expense claims submitted more than six months after the expenses have been incurred are not eligible for reimbursement.
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GHOST LAKE

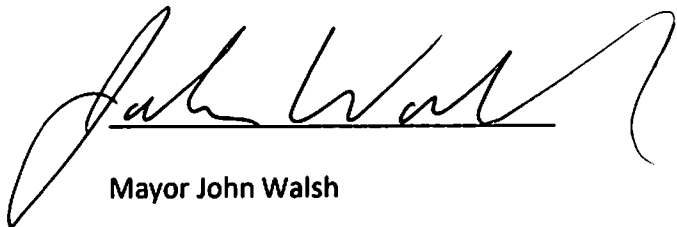
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ADMINISTRATION RESPONSIBILITY

The Chief Administrative Officer must ensure:

- a) all employees and volunteers are aware of and understand this policy,
- b) all employees and volunteers comply with this policy,
- c) the policy is posted publicly on the Summer Village of Ghost Lake website, and
- d) the policy is reviewed once every five years, or when a practice change.

Approved by Council this 26th day of February 2019



Mayor John Walsh



Sherri Bureyko
Chief Administrative Officer

SUMMER VILLAGE OF GHOST LAKE EXPENSE FORM

Name _____

Mailing Address _____

City/Province/Postal Code _____

Phone / email address _____

Date of Purchase	Description	Vendor	Subtotal	GST	Total
TOTAL CLAIM					

Please attach all original receipts, or good quality scanned versions of receipts for all claims.
By signing below you certify the above claim to be true.

Name _____

Date _____

Signature of Approving Authority 1		FOR OFFICE USE ONLY	Signature of Approving Authority 2	
<p>_____</p> <p>Name _____</p> <p>Position _____</p> <p>Date _____</p>			<p>_____</p> <p>Name _____</p> <p>Position _____</p> <p>Date _____</p>	