|  |
| --- |
| ***REPLACE WITH YOUR MASTHEAD*** |
| **VFIS logo black JPG** | **SOG Title:** |
| **SOG Number:** |
| **Original Date:** | **Revision Date:** |
| **ABC Fire Department General Operating Guideline** |

**Expense Reimbursement**

***This is a sample of a standard operating guideline (SOG) on this topic. You should review the content, modify as appropriate for your organization, have it reviewed by your leadership team and if appropriate your legal counsel. Once adopted, make sure the SOG is communicated to members, implemented and performance monitored for effective implementation.***

**Policy:**

Reimbursement for out of area business or training travel expenses requires the following:

* *The department MUST authorize all business trips or training classes prior to reimbursement*
* Overnight travel will be authorized by the general membership
* Day travel/expenses will be authorized by line organization
* Receipts for expenses except meals and mileage will be provided expense report will be filed with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (form is needed)

**Purpose:**

To provide for out of pocket expenditures of personnel for agency related expenses.

**Scope:**

This policy applies to all personnel.

**Procedure:**

Guidelines for reimbursement include:

* Hotel/Motel accommodations will be reimbursed in full.
* The Department will reimburse all training class fees, text/work books, and required classroom materials.
* Mileage, or gasoline reimbursement (if using personal vehicles vs. Dept. vehicles), parking fees, tolls and other miscellaneous fees must be authorized by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Meals will be paid for in the following increments:
	+ Breakfast $\_\_\_\_\_\_\_\_\_\_
	+ Lunch $\_\_\_\_\_\_\_\_\_\_
	+ Dinner $\_\_\_\_\_\_\_\_\_\_

An expense account for is provided for use.

***This is a sample guideline furnished to you by VFIS. Your organization should review this guideline and make the necessary modifications to meet your organization’s needs. The intent of this guideline is to assist you in reducing exposure to the risk of injury, harm or damage to personnel, property and the general public. For additional information on this topic, contact your VFIS Risk Control representative.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire Department**

**Expense Account**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee ID:** |  |
| **Department:** |  |
| **Expense From (date):** |  |
| **Expense To (date):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Date** | **Expense Description** | **Expense Amount** | **Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Expenses** |  |
| **Total Advance** |  |
| **Total Reimbursement** |  |

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Authorized By:**

|  |
| --- |
| **Internal Use Only** |
| **Amount Paid** | **Check No.** | **Date** |
|  |  |  |