ABINGTON QUARTERLY MEETING

Process and Procedures
Expense Processing and Reimbursement

Expense Reimbursement Procedure

Purpose

The purpose of the Expense Reimbursement Procedure is to protect Abington Quarterly Meeting's (AQM) tax-exempt non-profit status by providing operating procedures for reimbursement of valid AQM expenses. This procedure addresses payment requests, advance payment requests and reimbursement payment requests. To ensure appropriate financial controls and approvals are in place, all AQM expenses will follow these procedures.

Definitions

1. Expense

Any payable item directly related to and caused by activities of AQM. Expenses must be directly or indirectly related to the mission of AQM.

2. Member

Only active members acting on behalf of AQM and executing AQM business may submit payment requests, advance payment requests and expense reimbursement requests.

3. Request Types

- **a.** <u>Payment Request Form</u> is submitted when the AQM expense, vendor and amount are known sufficiently in advance to secure a payment via check.
- **b.** <u>Advance Payment Request Form</u> is submitted when an expense is anticipated, but the actual amount is not certain. A payment will be advanced to a member for a pre-approved anticipated expense with the understanding that an <u>Expense Reimbursement Request Form</u> must also be submitted with original receipts in order to reconcile the expenditure of the funds that were advanced. Whether the member chooses to donate the expense amount or not, an Expense Reimbursement Request Form must be submitted for all valid AQM expenses.
- **c.** <u>Expense Reimbursement Request Form</u> is submitted after a pre-approved AQM expense has been paid by a member. Whether the member chooses to donate the expense amount or not, an Expense Reimbursement Request Form must be submitted for all valid AQM expenses.

4. Authorization

All AQM related expenses are authorized by the Clerk of AQM or by the appropriate committee Clerk. In addition, the Treasurer or the Assistant Treasurer must also sign as verification that the expense falls within the financial constraints, budgetary guidelines and mission of AQM. The Treasurer or Assistant Treasurer may not solely authorize payment. *Please note that approved expenses will not be paid if sufficient purpose designated funds are not available.*

5. Timing

Expenses must be turned into the Treasurer for reimbursement no later than 30 days from expenditure date except at fiscal year-end when all late Sixth Month expenses must be submitted by Seventh Month 15 of the succeeding year. This ensures sufficient timing to close AQM financial books. The Treasurer will endeavor to send payments for expenses within 7 days of receiving a valid form.

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Forms

Forms are found on the following pages.

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Payment Request Form

Check #			Account	
· crimed by		Title	Date	
Verified by	y:	Title		
Approved	by:		Date	
Member S	Date			
Please atta	ach appropriate invoi	ce.		
			Total Check Amount \$	
			use only	
Date of Request	Explanation of Expense	Project or Activity	Account/Purpose Admin/Accounting	Amount
EXPENSI				
	endor Phone:			
	endor Reference			
	endor City/St/Zip			
Ve	endor Address:			
Ve	endor Name:			
Please ma	ike check payable to:			

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Advance Request Form

Please mak	ke check payable to:					
Me	mber Name:					
Me	mber Address:					
	_					
Cit	y/State/Zip:					
Me	ember Phone:					
EXPECT	ED EXPENSES:					
Date of Request	Explanation of Expense	Project or Activity	Account/Purpose Admin/Accounting use only	Amount		
Total Check Amount \$						
Please att	ach appropriate expe	ense estimate.				
Once item	is are purchased, plea		Reimbursement Request f funds spent.	Form along		
Member S	ignature:		Date	i.		
Approved by: Title			Date	-		
Verified b	y:	Title	Date	-		
Check #_ Code	Che	ck Date	Account			

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Expense Reimbursement Request Form

Please m	ake check payable to:						
N	lember Name:						
Member Address:							
C							
	ity/State/Zip:						
M	lember Phone:						
EXPENS							
Date of Exp	Explanation of Expense	Project or Activity	Account/Purpose Admin/Accounting use only	Amount			
			Subtotal	\$			
		Less Advance Receiv	ed Towards Expenses	D			
			ess Donation Amount	-			
		Total Rei	mbursement Amount	\$			
Please at Seventh	tach original receipts Month 15 of the succe	and submit form within eding year.	30 days of expense and	prior to			
Check or	e to elect to make this	s expense a donation to	AQM:				
		e total amount to AQM					
	would like to donate S_ An acknowledge	to AQM ement letter will be sent	to you for your donatio	n			
N 1 (
Member Signature:			Date	-			
Approved	by:	Title	Date	-			
Verified by:		Title	Date				
		Title					
Check #_ Code	Chee	ck Date	Account				
Code							

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