

EXPENSE REIMBURSEMENT POLICY

LAMAR SOCCER CLUB

PURPOSE

The purpose of the Expense Reimbursement Policy is to protect this tax-exempt organization's (LSC) non-profit status by providing operating procedures for reimbursement of valid, LSC business expenses. This policy addresses reimbursement payment requests. To ensure appropriate financial controls and approvals are in place, all LSC expenses will follow these procedures. This policy is intended to supplement but not replace any applicable state and federal laws governing nonprofit and charitable organizations. Sales tax will not be reimbursed by LSC.

DEFINITIONS

EXPENSE

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

MEMBER

Only active members (see Bylaws) acting on behalf of the LSC and executing LSC business may submit expense reimbursement requests.

REQUEST TYPES

Expense Reimbursement Request is submitted after a pre-approved LSC expense has been paid by a member. Whether the member chooses to donate the expense amount or not, an Expense Reimbursement Request Form will be submitted for all valid LSC expenses.

AUTHORIZATION

All LSC related expenses are authorized either by the annual budget process or by the Board of Directors. Only the President, Vice President or Secretary of the LSC may authorize payments. The Treasurer may not solely authorize payment.

TIMING

Expenses must be turned into the Treasurer for reimbursement no later than 60 days from expenditure date except at year-end when all late December expenses must be submitted by January 31st of the succeeding year. This ensures sufficient timing to close LSC financial books for State and Federal regulatory reporting and audit requirements. Valid LSC expenses submitted after the above dates will not be reimbursed without prior board approval.

Expense Reimbursement Request Form

Please make check payable to:

Member Name: _____

Member Address: _____

City/State/Zip: _____

EXPENSES:

Expense Date	Expense Description	Project or Activity	Account/Purpose (Admin Use Only)	Amount
			Total Requested	

Please attach original receipts and submit form within 60 days of expense and prior to January 31 of succeeding year.

Check one to elect to make this expense a contribution/donation to LSC (circle fund or indicate team acct):

I would like to contribute the total to LSC

I would like to contribute \$_____ to LSC

Donation (General Fund)

Capital Fund

Team Account: _____

An acknowledgement letter will be sent if your donation is over \$250.

Member Signature

Date

Officer Signature

Date

Officer Title