This is the Washington Federation of State Employees policy regarding all expenses incurred by members while participating in union activities sponsored or initiated by Council 28. Such allowed expenses and reimbursement shall be in accordance with this expense policy. This policy will become effective September 1, 2004

All incurred expenses shall be submitted on the WFSE Expense Voucher (see attached). The date and reason for each expense must be listed. All expenses require receipts for reimbursement except where one cannot reasonably obtain a receipt (some parking, tips, etc.). Meal receipts must show item(s) purchased in detail. If receipt does not show purchased items in detail, hand written notations of those items must be made. Expenses that are personal in nature or are unreasonable shall not be allowed.

Members are encouraged to submit vouchers on a timely basis (weekly or monthly). Request for reimbursement of expenses submitted more than three months after the expense was incurred will not be reimbursed unless approved by the WFSE Finance Committee.

Complete expense vouchers requesting reimbursement will be paid within three weeks of receipt. Payment of vouchers with incomplete or unclear information may be delayed.

Allowable expenses when a union member has been elected, appointed, or requested by Council 28 staff to attend a meeting, conference or convention are as follows:

1. **Travel**:
   1. Mileage, at the I.R.S. rate
   2. Toll bridges and/or ferry fees
   3. Airfare
   4. Rental car expenses
   5. Minor miscellaneous expenses (e.g. parking)
2. **Personal Expenses**:
   1. Reasonable phone calls to deal with family matters when a union member is out of town on union business.
   2. Reasonable child care expenses
3. **Meals**:
   1. Meal expenses shall be reasonable
   2. When a member is out of town overnight
   3. Lunch with other attendees when attending an all-day meeting where there is a clear business purpose for eating together as a group.
   4. A meal at an event when the provided meal does not meet dietary restrictions.
4. **Lodging**:
   1. Room and tax
   2. The cost of a double occupancy room at the Council 28 convention when a spouse or significant other of an Executive Board member of the Council accompanies the Board member.

**Pre-approval:** Approval must be obtained from the Executive Director or designee **prior to incurring** non-direct billed costs for lodging, airfare, car rental, childcare or time-loss.

Lodging, airfare, and car rental reservations and payment for members who have been elected, appointed, or requested by Council 28 staff to attend a meeting, conference, or convention will normally be made by Council 28.

Union members representing their local at meetings, conference, or conventions as a designated local representative, shall have expenses paid by the local. Union members elected, appointed, or requested to attend meetings, conferences or conventions representing only Council 28 shall have expenses paid by the Council.

If, after review of the expense voucher, it is found that the expense does not comply with the above policy, it shall not be reimbursed or, if direct billed, will be deducted from any reimbursable expense or payment will be requested from the member.

Denied expenses: Expenses denied by the Executive Director may be submitted within 60 days to the Finance Committee of the Executive Board for review and reconsideration at the next regularly scheduled meeting. This committee shall have the authority to make the final decision.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Washington Federation of State Employees** 1212 Jefferson St SE, Suite 300 | | | | | | | | |
| Member Expense Voucher 2019 Expenses Olympia, WA 98501 | | | | | | | | |
| Name: |  | | | | Month/Year: | | | |
| Address: |  | | | |  | | | |
| City, State, Zip: | Email: | | | | Phone: | |  | |
| Please give specific information for all charges. Where applicable, include names of persons involved. If amount is unknown for direct bill charges, amount may be left blank. Attach an itemized copy of the bill, invoice, hotel bill where applicable. Mileage will be reimbursed at **58¢** per mile. | | | | | | | | |
|  |  | | |  | | Amount | | |
| Date | Reason and Detailed Description for Each Expense **Must include** **name of meeting, event or other union activity**.  Include From/To Destinations for mileage | | | Vendor Name  (e.g. Red Lion, Denny's,etc.)  or Number of Miles | | Expenses  Direct Billed | | Expenses To Be Reimbursed |
|  |  | | |  | |  | |  |
|  |  | | |  | |  | |  |
|  |  | | |  | |  | |  |
|  |  | | |  | |  | |  |
|  |  | | |  | |  | |  |
|  |  | | |  | |  | |  |
|  |  | | |  | |  | |  |
|  |  | | | TOTAL REIMBURSEMENT REQUESTED: | |  | |  |
| I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. | | | | | | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Approval Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

Original voucher and receipts must be received by WFSE for payment (faxed vouchers will not be processed).