EXPENSE REIMBURSEMENT POLICY

Policy Statement

This policy applies to all persons (claimants) submitting expense reimbursement claims (e.g. Board Members, Employees, Volunteers, Students, Consultants, and Contractors) and all persons (approvers) who approve expense claims in compliance with the Broader Public Sector (BPS) Expenses Directive issued in accordance with the BPS Accountability Act, 2010.

This policy supports the following four key principles:

1. **Accountability** – HRH is accountable for public funds used to reimburse travel, meal, hospitality and other expenses. All expenses must support the Hospital business objectives.

2. **Transparency** – HRH is transparent to all stakeholders. This policy for travel, meal, and hospitality expenses is clear, easy to understand and available to the public on our internet site.

3. **Value for Money** – HRH uses tax payers dollars prudently and responsibly, with due regard for health and safety.

4. **Fairness** – HRH reimburses eligible, authorized, expenses incurred due to Hospital business that are supported by 3rd party documentation.

Policy

1 **ACCOUNTABILITY FRAMEWORK**

1.1 All expense reimbursements are approved by the claimant’s direct supervisor prior to payment.

1.2 Approvers are prohibited from approving their own expense reimbursements.

1.3 Approval levels are consistent with signing authorities identified in HRH: 6862 Vendor Payment procedures or HRH: 3276 Hospital Wide Purchasing - Policy.
1.4 Travel outside of the GTA but within Ontario requires prior approval from the claimant’s supervisor. This approval should be documented (i.e. in an email) and attached to the Expense Reimbursement form before being submitted to the Accounts Payable department for reimbursement.

1.5 Travel outside of Ontario requires prior approval from the CEO using the Travel Approval form (Appendix A). The authorized Travel Approval form should be attached to the Expense Reimbursement form when submitting the reimbursement request to Accounts Payable.

2 MINIMIZING EXPENSES

2.1 Submit an Expense Reimbursement form (Appendix B) within 45 days of the actual expense being incurred. All Expense Reimbursement forms must be approved by the claimant’s immediate supervisor before being submitted to Accounts Payable. If not evident from the attached receipts, provide documentation on the business purpose and reasonableness of the expenses claimed.

2.2 Provide original receipts detailing the expenses incurred. If the original invoice is lost, then the claimant will provide a document indicating when, why, where, who, and what was sign off by the direct supervisor.

2.3 Provide proof of payment. Acceptable forms of proof of payment include: receipts or transaction slips, and copies of personal cheques. Credit card receipts are not sufficient on their own, and must be supported with a detailed vendor receipt (e.g. detailed hotel and restaurant bills)

2.4 Expense reimbursements exceeding $50.00 will be paid by electronic funds transfer (EFT) to the employee submitting the request. Reimbursement requests for less than $50.00 will be paid through petty cash at the Cashier’s Office.

2.5 Approvers must ensure that reimbursement claims are accurate, complete, reasonable, in accordance to this Policy, and charged to the correct entity, Cost Centre, and secondary account.

2.6 Approvers must ensure that expenses claimed for Research, including Clinical Trials, are in compliance with the research granting agency’s directives. Should the research granting agency not provide direction as to eligible expenditures, then this Expense Reimbursement Policy would be followed.

2.7 Should a claimant choose to stay at a place of travel for more days than required for business purposes, any expenses related to accommodation, meals, car rentals, etc. incurred during the extra personal days shall be at the individual’s personal expense (i.e. not reimbursable).

2.8 HRH will reimburse claimants in arrears for expenses incurred during travel. In exceptional circumstances, employees may be given an advance against anticipated travel expenses, as approved by the Senior Director, Finance & Controller and the applicable Vice President.

2.8.1 The claimant (employee) is to prepare an Expense Reimbursement form, attaching all supporting documents for the expenses incurred, obtaining approval from their direct supervisor, and attaching the documentation relating to the advance. The grant amount will be deducted from the total expenses incurred.
2.8.2 If an amount is to be returned to the Hospital, a personal cheque in the correct amount payable to “Humber River Hospital” must be attached to the Travel and Expense Reimbursement form.

2.8.3 If an advance is received, and the original purpose for the advance is cancelled, then the advance must be repaid to the Hospital immediately. The advance can be processed through payroll deduction or by issuing a cheque.

2.9 Gratuities are reimbursable (maximum 15%), but should be documented on the Travel and Expense Reimbursement form.

2.10 All reimbursable travel and meal expenses will be reimbursed in Canadian funds.

3 TRAVEL WITHIN THE GREATER TORONTO AREA (GTA)

3.1 When using a private vehicle for occasional travel between HRH sites and within the Greater Toronto Area (GTA) for business purposes, claimants will be reimbursed for each kilometer traveling between their first HRH site of work and their last site of work at a rate of $0.40 / kilometer, or as outlined in the applicable union agreement for unionized employees. Designated direct reports to Vice Presidents who received the travel allowance (outlined below), do not qualify for kilometer reimbursement for travel within the GTA. Reimbursement for kilometers traveled will only be claimed by the driver of the car, and not for or by any employee passengers in the same car.

3.2 Claimants are responsible for paying for parking at all HRH sites. They will be reimbursed for parking expenses incurred on hospital business at non-HRH sites within the GTA.

3.3 Claimants will not be reimbursed for accommodations for multiple day travel within the GTA (e.g. two-day courses).

3.4 Claimants will be reimbursed for reasonable meal costs upon presentation of receipts (refer to “Meals” section for more details).

3.5 Designated direct reports to Vice President, and other Management staff who are required to travel frequently among HRH sites and to other locations within the GTA on hospital business, will receive an annual travel allowance, as approved by the applicable Vice President.

4 TRAVEL OUTSIDE OF THE GTA

4.1 Claimants traveling outside of the GTA, but within 100 kilometers of the GTA, will be reimbursed for travel expenses as outlined above.

4.2 Claimants traveling more than 100 kilometers from the GTA, including travel outside of Canada, will be reimbursed for travel expenses as follows:

4.2.1 Claimants are expected to use the least expensive mode of transportation when traveling outside of the GTA consistent with the least amount of interruption to the member’s regular business and personal schedules. Consideration should be taken as to the length of time away from the workplace.
4.2.2 When traveling by air, claimants are expected to fly at the most reasonable and economical rate available. The hospital will not reimburse for business class or first class seats. *Any upgrades are the responsibility of the claimant.*

4.2.3 When traveling by air, a copy of the original boarding pass **must** be retained and submitted as part of your expense claims.

4.2.4 The choice of carrier should be based on cost to the hospital, not potential points collected by the claimant.

4.2.5 Where airfare is less expensive than driving and the claimant chooses to drive, the reimbursement for kilometers driven will be limited to the value of the least expensive return airfare to the same destination during the same time. The kilometer rate will be the same as that paid for travel within the GTA.

4.2.6 Where a number of staff members are attending the same function, shared travel should be considered and required where possible.

4.2.7 When personal travel is combined with business travel, the claimant will be reimbursed for only the business portion of the trip at the lowest available fare.

4.2.8 Travel with others (i.e. spouse), including meals and cancellation fees, are not covered and must be paid for by the claimant.

5 ACCOMMODATION

5.1 HRH will pay for accommodation for a standard room that is convenient to the event being attended. *No reimbursement will be made for suites, executive floor, or concierge levels.*

5.2 Employees will be reimbursed only for those nights of accommodation required for hospital business.

5.3 Cancellation charges resulting from failure to cancel guaranteed hotel bookings prior to the deadline are the claimant’s responsibility.

5.4 Staff will not be reimbursed for entertainment, laundry service, pay TV or movies, alcohol, or facility charges (e.g. fitness clubs).

5.5 Refer to “Incidentals” section below.

6 MEALS

6.1 Claimants will be reimbursed for reasonable expenses incurred for meals consumed during travel, upon presentation of receipts (*no alcoholic beverages*).

*For example:* Reimbursement for meal expenses incurred is subject to the maximum rates set out in the chart below. These rates include taxes and gratuities.

<table>
<thead>
<tr>
<th>Meals</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$13.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$17.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
Expense Reimbursement Policy

6.2 The rates are not an allowance. They are for individual meals; you must have eaten the meal and provided a receipt to be able to submit a claim for reimbursement.

6.3 When more than one meal is claimed for any day, you may allocate the combined maximum rates between the meals. For example, if you have eaten both breakfast and lunch, the combined rate is $30.00. This now becomes the maximum rate for the two meals, regardless of what you spend on each meal.

6.4 It is not permissible to use a combined maximum rate without claiming each individual meal. For example, it is not permitted to combine the maximum amounts for breakfast and lunch ($30.00) to claim for brunch. Nor is it permitted to combine the maximum 3 meal rate ($60.00 per day) if only 2 meals are eaten.

6.5 When a staff member is authorized to pay for meals of others, expense reports must include a brief explanation of the event and a list of those in attendance. The highest ranking member of staff should pay for the meal expenditures.

6.6 No reimbursement shall be made for meals consumed at home prior to departure or on return, or for meals included in the cost of transportation, accommodation, seminars, and/or conferences.

6.7 Reimbursement must not exceed the amount actually spent (including taxes and gratuities) as validated by a receipt accompanying the claim.

6.8 Alcohol and related taxes are not reimbursable.

7 INSURANCE

7.1 Travel cancellation insurance is an allowable expense; no other form of travel insurance or medical insurance will be reimbursable.

8 TRANSPORTATION AT TRAVEL LOCATION

8.1 Claimants will be reimbursed for the cost of car rentals, gasoline, and insurance in such cases where other methods of local transportation are not available or the cost of local transportation will exceed the cost of the car rental.

8.2 Employees are expected to rent economy, compact or sub-compact cars except in such cases where the number of people using the car justifies the expense of renting a larger vehicle (*all luxury and sports car rentals are prohibited*).

9 HOSPITALITY

9.1 In accordance with the BPS Directive, hospitality is the provision of food, beverage, accommodation, transportation and other amenities paid by the Hospital from public funds for people who are not engaged to work for HRH.

9.2 Hospitality is permitted for events attended by external people to HRH for the purpose of business, including receptions for donors and volunteers.

9.3 Staff social events (birthday, shower, etc.) are not to be funded from public funds.
10 CORPORATE EVENTS

10.1 Events held on hospital premises must be pre-approved by the appropriate Vice President. These events might include staff recognition (i.e. retirement tea, a project celebration), and engagement parties (e.g. trainee event, team building).

10.2 Events held off hospital premises require prior approval by the CEO (e.g. seasonal hospital party).

10.3 To be submitted, departments must have available budget; costs must meet overall hospital business objectives and demonstrate prudence with costs incurred.

11 ALCOHOL

11.1 Generally, alcoholic beverages cannot be charged to the Hospital.

11.2 Pre-approval is required from the CEO under exceptional circumstances (e.g. business reception with external visitors). Justification for the pre-approval must be documented, approved, and attached to the Travel and Expense Reimbursement form.

12 CANNABIS

12.1 Cannabis costs cannot be charged to the hospital.

13 PERSONAL VEHICLES

13.1 Personal vehicles used for hospital business must be insured for personal motor vehicle liability at the vehicle owner’s expense. Coverage should be equal to or greater than the minimum liability specified in the Insurance Act. Drivers must satisfy themselves whether their motor vehicle insurance coverage should include business use of their vehicles. The hospital will not reimburse costs of collision and liability coverage.

13.2 For greater clarity, the hospital assumes no financial responsibility for privately owned vehicles other than paying the kilometric rate when used for hospital business. Those driving a personal vehicle on hospital business cannot make claims to the hospital for damages as a result of a collision.

13.3 When staff use their own vehicles for hospital business, reimbursement will be in accordance with the approved kilometer rate of $0.40 / kilometer to cover the costs of fuel, depreciation, maintenance, and insurance.

13.4 Receipts for parking lot charges and applicable bridge or highway tolls must be submitted with expense reports.

13.5 The use of toll highways, include but not limited to Highway 407 (ETR), should be restricted where possible, and the use of such routes should be subject to supervisor approval.

13.6 Parking fines are not reimbursable
14 TAXI

14.1 Taxi chits issued by HRH to staff and patients should receive prior approval from the applicable Manager; where applicable, the contract price for the trip will be filled in prior to the trip.

14.2 HRH does not pay tips for taxi service, as this was factored in with the current taxi contract.

14.3 Please refer to HRH: 3291 Taxi Chit Policy and HRH: 3290 Use of Taxi Chits, procedure.

15 INCIDENTALS

15.1 Long distance business and personal calls are reimbursed; however, discretion should be used in the frequency and length of these calls. Reimbursement will be made for reasonable incidental costs for necessary personal calls. Wherever possible, the most cost-effective method (e.g. hospital-issued cell phones using travel discount packages or calling cards) should be used to minimize costs.

15.2 While travelling on hospital business, additional business expenses not otherwise covered will be reimbursed (e.g. computer access charges, photocopying, word processing services, facsimile transmissions, internet connections, rental and transportation of necessary office equipment, etc.), provided the charges incurred are reasonable and related to Hospital business.

15.3 Staff will not be reimbursed for entertainment, laundry service, pay TV or movies, alcohol, toiletries and personal items (e.g. shampoo, clothing) or facility charges (e.g. fitness clubs).

16 EXPENSES FOR CONSULTANTS AND OTHER CONTRACTORS

16.1 In accordance with the Act and the BPS Directive, in no circumstances will consultants and other contractors be reimbursed for any hospitality, incidental, or food expenses, including meals, and beverages. Reimbursement for allowable expenses (e.g. travel and accommodations) can occur only when they are travel reimbursement provisions in the terms of the contract.

17 APPROVER’S RESPONSIBILITIES

17.1 As per the BSP Directive, approvers are expected to ensure that expenses being reimbursed are consistent with the principles of this policy.

17.1.1 Ensure that all expenses being reimbursed are due to conducting HRH business.

17.1.2 Provide approval within the scope of the Approver’s Signing Authority in accordance with HRH: 6861 Authorization Of Invoices And Payments Policy.

17.1.3 Must not be self-approved.

17.1.4 Advise the employee if any requests for reimbursement have been denied, and the reason for such denial.

17.1.5 Ensure that adequate detailed receipts and prior approval documents (if required) are attached to support the reimbursement of the costs.

17.1.6 Confirm that the Travel Expense Reimbursement form clearly indicates the business purpose for the reimbursement.
17.1.7 Confirm the expenses are accurately coded with appropriate Cost Centres and expense codes.

18 **EXPENSE ADMINISTRATION**

18.1 **Accounts Payable** oversees all reimbursements and related inquiries. Expense submissions are subject to random audits to ensure compliance with this policy.

18.2 Expenses are to be submitted for reimbursement within 45 days of being incurred.

18.3 HRH and all hospitals in general, will be submitting annually attestations confirming compliance with the requirements of the *BPS Act* and Directive. This compliance reporting is due on June 30th, every year.

18.4 Hospitals are required to post the expenses reimbursed for **Board Members**, **President & CEO**, and the **Senior Management Team (SMT)**.

**Accountability / Responsibility**

Approvers are expected to ensure that expenses being reimbursed are consistent with the principles of this policy.

The claimants is responsible for providing a completed and signed approval with original proof of purchase (receipts, credit card statements)

**Definitions**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Authorization</td>
<td>Approval of expenditure through the chain of command for the department or through delegation by someone with authority for that department who is absent from office due to vacation/sickness. Any approvals via delegation must be sent to <strong>Accounts Payable</strong> prior to the absentee’s absence or by the absentee’s superior.</td>
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<tr>
<td>BPS</td>
<td>Broader Public Sector</td>
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<td>EFT</td>
<td>Electronic Funds Transfer</td>
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<tr>
<td>Expenses</td>
<td>Travel and meal expenses, hospitality expenses, and any expenses incurred by an individual or group of individuals in the course engaging in HRH business.</td>
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<tr>
<td>GTA</td>
<td>Greater Toronto Area</td>
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<tr>
<td>Hospitality</td>
<td>The provision of food, beverage, accommodation, transportation and other amenities paid by the Hospital from public funds for people who are not engaged to work for HRH</td>
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<tr>
<td>SMT</td>
<td>Senior Management Team</td>
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**Documentation**

Travel Approval form (Appendix A)
Travel and Expense Reimbursement form (Appendix B)

**Infection Prevention and Control Considerations**

None applicable to this policy.

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**References**

Ontario Hospital Association (OHA), *Hospital Expense Policy Guidelines* (March 2010)
*BPS Accountability Act, 2010*

*Insurance Act*

HRH: 6862 Vendor Payment procedures
HRH: 6861 Authorization Of Invoices And Payments Policy
HRH: 3291 Taxi Chit Policy
HRH: 3290 Use of Taxi Chits, procedure

Accreditation Standard/Criteria:
APPENDIX A

Humber River Hospital - Travel Approval Form

Date:

Name of Employee Traveling:

Destination:

Program Attending:

Dates Traveling:

Expected Costs:

Outline of Benefits to the Hospital:

Submitted by:

_____________________
Vice President, Name and Program

Approved by:

_____________________
CEO

Date:
EXPENSE REIMBURSEMENT FORM

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination/Purpose (Explanation of Hospital Business)</th>
<th>Total Kms</th>
<th>Mileage 0.40/km Total</th>
<th>Parking/ TTC/GO/ Taxi</th>
<th>Airfare</th>
<th>Hotel</th>
<th>Meals</th>
<th>Other</th>
<th>SUB TOTAL</th>
<th>HST</th>
<th>TOTAL</th>
<th>Charge To: (Include Both) Dept. #/Expense #</th>
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Identify and Deduct any Travel Advance Funding Provided

TOTAL OF REIMBURSEMENT

ALL Original Receipts Must be Attached for Reimbursement.
I certify that the above expenses were incurred by me on hospital business:

_________________________________________  ______________________________________
Requested by:                               Approved by Manager/Director/Vice President