Employee Expense Reimbursement Policy

1. Policy Purpose

Describe the purpose of the expense reimbursement policy (e.g., to establish clear and consistent guidelines for the reimbursement of business-related expenses incurred by employees).

2. Scope

Outline to whom the policy applies (e.g., all employees, contractors, specific departments, etc.).

3. Eligible Expenses

List and describe expenses eligible for reimbursement (travel, accommodation, meals, supplies, etc.).

- Example: Transportation (airfare, taxi, mileage)
- Example: Lodging (hotels, motels)
- Example: Meals (business-related)
- Example: Office supplies
- Other eligible expenses...

4. Ineligible Expenses

List items or expenses not eligible for reimbursement.

- Personal expenses
- Alcohol (unless pre-approved)
- Entertainment
- Non-business related travel
- Other ineligible expenses...

5. Submission Guidelines

1. Describe how and when employees should submit reimbursement requests.
2. List required documentation (e.g., original receipts, expense report forms).
3. Outline timeframes for submission after expense is incurred.

6. Approval Process

1. State who is responsible for approving expenses.
2. Detail steps for approval and exceptions, if any.

7. Reimbursement Procedure

Outline the payment method (e.g., via payroll, direct deposit) and expected timeframes for employees to receive reimbursement.

8. Policy Enforcement

Explain consequences for misuse or abuse of the policy, including disciplinary action.

9. Amendments

Describe the process for updating or amending this policy, if necessary.

10. Contact Information

Include contact details for questions or clarifications regarding this policy.

Expense Categories Table (Sample)

Category	Description	Limit/Notes
Travel	Airfare, train, taxi, mileage	(Insert limits/notes)
Lodging	Hotels during business travel	(Insert limits/notes)
Meals	Business trip-related meals	(Insert limits/notes)
Other	Supplies, fees, etc.	(Insert limits/notes)

Prepared by:

_____

Date: _____

Approved by:

_____

Date: _____