**The Gimprich Family Foundation Reimbursement Policy**

1. All expenses for reimbursement must be directly related to GFF business.
2. All requests for reimbursement must be submitted within 30 days from the date the expense was incurred.
3. To request reimbursement please:
4. Ensure that the GFF Treasurer has your current banking information for electronic reimbursement. Checks will NOT be used for reimbursement except under special arrangement.
5. Complete the GFF individual expense form, sign and date it.
6. Scan the expense form and all receipts, then email these to the GFF Administrator, Jamie Bowser, at [JBowser@huc.edu](mailto:JBowser@huc.edu), **AND** the GFF Treasurer, Bart Dolmatch MD, at [Duster54@sbcglobal.net](mailto:Duster54@sbcglobal.nete). Scanning can be done very simply using TurboScan or any similar smartphone app.
7. The GFF Administrator will tally and record each expense by category for budgeting tracking purposes.
8. The GFF Treasurer will review for approval and reimbursement through electronic fund transfer, monthly.
9. No expense will be reimbursed without a receipt unless approved by the President or Vice President.
10. The President or the Vice President will review and approve the GFF Treasurer’s expenses, and once approved, the Treasurer will self-reimburse the amount approved from the GFF account.
11. Any board officer who is issued a GFF debit card will submit monthly copies of receipts and complete the expense reimbursement form which will be submitted to the Administrative Assistant for review and then submitted to the GFF Treasurer for review, approval and reconciliation with the bank statements.

**GFF Individual Expense Form**

Name:

Email:

Telephone number:

|  |  |  |  |
| --- | --- | --- | --- |
| Expense | Date | Comments | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total |  |  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_