

Conejo Valley Village Transportation Reimbursement Report Procedure 5-26-18

1.0 Purpose

This procedure describes how to fill out the Conejo Valley Village Transportation Expense Report form to obtain re-imbursement for authorized volunteer transportation expenses.

Reimbursement of a volunteer is optional and completely up to the volunteer.

2.0 Transportation Expenses

Transportation expenses are based on the miles driven for each service request as entered by the driver at the end of the service

3.0 Reimbursement Rate

Mileage will be reimbursed at the rate of 35 cents per mile

4.0 Distance to be Reimbursed

For one-way trips, Mileage will be measured from the volunteer's home, to the members home to the members destination, and back to the volunteer's home.

For two-way or round trips, the mileage will be calculated from the volunteer's home to the members home; from the members home to the destination(s); them back to the members home; and finally, back to the volunteers home.

5.0 Submittal of Reimbursement reports

Reimbursement reports must be received by email or at CVV's Post Office Box not later than the 15th day after the end of the month for which the report is being submitted.

Email Submittal:

mileage@conejovalleyvillage.com

Mail Submittal:

Conejo Valley Village
P.O. Box 3162
Westlake Village, CA 91359


Requests for reimbursement are required within 2 weeks of month end. Late submittals are discouraged, but you may contact CVV regarding an exceptional circumstance.

6.0 Filling out the expense report form

6.1 The top part of the form is shown in Figure 6.1. The form is created in Microsoft Excel and protected, so only the boxed cells will accept entries. The form may be filled out on a computer that has Microsoft Excel installed, or printed out and filled in by hand. The form will calculate all totals when miles are entered on a computer

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Figure 6.1 – CVV Top portion of Transportation Reimbursement Report form



**Conejo Valley Village
Transportation Reimbursement Report**

Name 1 Save File as: Lastname YY-MM-DD (Description)

Street Address:

City, State, ZIP:

Mileage Reimbursement:

| Date (MM/DD/YY) | Service Request # | Miles | Rate per Mile | TOTAL \$ |
|-----------------|-------------------|-------|---------------|----------|
| 2 | 3 | 4 | \$0.35 | |
| | | | \$0.35 | |
| | | | \$0.35 | |
| | | | \$0.35 | |

6.2 Name / Address

1

Fill in the name and address of the Volunteer who performed the transportation. Note that this will be the address where the reimbursement check is mailed.

6.3 Expenses

2

Fill in the date the expense was incurred – use the MM/DD/YY format

Fill in the Service Request # for the trip

3

Fill in miles driven as described in Paragraph 4.0 of this procedure

4

If filled out on a computer in Excel, the mileage will be calculated. If you are filling out the form by hand, CVV will calculate the reimbursement amount

Use a separate row for each trip / Service Request as described above

6.4 Filling out the bottom portion of the Reimbursement form

The bottom portion of the form is shown in Figure 6.5

Figure 6.5 – Bottom Portion of Transportation Report form

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This is a monthly form and must be received within 15 days after the end of the previous month

Your Typed Signature represents your signed approval of this submission

Volunteer Signature:
May be Typed or Signed

[Signature box with circled number 6]

Date Submitted:
(MM/DD/YY)

[Date box with circled number 7]

Mail Report to:
Conejo Valley Village
PO Box 3162
Westlake Village, CA 91359

Email Report to:
Mileage@conejovalleyvillage.org

FOR OFFICE USE ONLY

Check amount:

[Check amount box with circled number 8]

Date Submitted:

[Date Submitted box with circled number 9]

Authorization #1:

[Authorization #1 box with circled number 10]

Date:

[Date box with circled number 11]

Director

Second Signature Required if more than \$100

Authorization #2:

[Authorization #2 box with circled number 12]

Date:

[Date box with circled number 13]

Director

6.5 Volunteer Signature

Type your name if you are filling out the form on a computer.

[Circled number 6]

If you are filling out the form by hand, sign your name

7.0 For Office Use Only Section

7.1 Check Amount

Enter the amount paid for this reimbursement in dollars and cents

[Circled number 8]

7.2 Approvals

One Director approval with date is required for amounts up to \$100

[Circled number 10]

[Circled number 11]

Two Director approvals with dates are required for amounts over \$100

[Circled number 12]

[Circled number 13]

8.0 Naming of files

The file name should start with the last name of the person submitting the file, followed by the date the file was created in MM-DD-YY format, followed by the word Mileage.

Example: LAST NAME MM-DD-YY (Mileage).XLS

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If scanned receipts need to be turned in, the file names for scanned receipts should use the same name - date format. If there is more than one receipt file add a unique number for each file after the date

LAST NAME MM-DD-YY # (Mileage).PDF

8.1 Validation

To insure accuracy in the process, Transportation Reimbursement Reports will be periodically audited. A matching Service Request must exist, and the mileage should be commensurate with the route driven. Discrepancies will be addressed with the driver.