

MILEAGE EXPENSE – FD-IV-5

POLICY

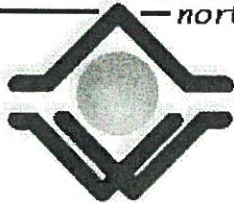
An employee shall complete a Mileage Form whenever travel expenses are being claimed for the purpose of local travel while on approved business in the City of Thunder Bay.

PURPOSE

To provide an account of funds expended for local business travel.

PROCEDURE

1. A Mileage Form (FD050) is to be completed in full by the employee requesting mileage and/or parking fees (receipts attached if available) to be reimbursed. The employee will forward the completed form to their supervisor for approval and signature.
2. If the mileage claim is a minimal amount (under \$20.00), the supervisor will endeavour to process it through petty cash. Otherwise, the supervisor will forward the form to the Finance office for cheque preparation.
3. The Mileage Form must be submitted at the end of each month for the month. However, if the claim is minimal (under \$20.00), it could be accumulated with the next month but no more than three months should appear on the same mileage form. Expenses will not be reimbursed if this is the case.
4. All Mileage Forms for the period ending March 31st must be submitted to Finance no later than seven business days following March 31st. Mileage expenses submitted after this for the previous fiscal year will not be processed for payment.
5. The mileage rate will be approved by the Board of Directors or pursuant to any collective agreements, as applicable.



Personal Support Services

POLICY: FD-IV-5
DEPARTMENT: Finance
CATEGORY: Accounts Payable
EFFECTIVE DATE: December 2011
SUPERSEDES VERSION DATED: November 2008
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6. Travellers will consider car rental instead of using their own vehicle when the total distance to be travelled in one day will exceed 200 kilometres and will follow Policy FD-IV-4 Travel Expense if this is applicable.

RECOMMENDED BY: Director, Finance and Administration

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Client Services Administration, Client Services, Community Resource Team

ORIGINAL POLICY DATE: July 1993

AUTHORIZED BY: Executive Director

SIGNATURE:

OPTIONS northwest MILEAGE FORM

NAME: _____
(Please Print)

DATE	DESTINATION		NUMBER OF KILOMETERS	PARKING FEES PAID
	FROM	TO		

TOTAL KILOMETERS CLAIMED	km
	X 0.43/km
TOTAL PARKING FEES PAID	\$
TOTAL CLAIM	\$

SIGNATURE: _____
DATE: _____
COST CENTRE: _____

APPROVED BY: _____
DATE: _____
ACCOUNT CODE: _____ 4310

