

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITYDate Issued: 07/02Date Revised: 02/09;08/11;01/13;06/14;09/15;11/16;11/17;
11/18;11/19

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WRITTEN BY Michael McCartan	REVISED BY Brigitte Cameron	AUTHORIZED BY SCCCMHA Board	

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Programs
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of St. Clair Community Mental Health Authority (SCCCMHA) that all Board Members shall be compensated, in accordance with IRS rules, for their time and expenses regarding SCCCMHA Board business (e.g. Board meetings, Special Committees/Advisory Council meetings, as assigned by the Board Chairman)

III. DEFINITIONS:

- A. Board Member: Must be a resident of St. Clair County and appointed by a majority vote of the St. Clair County Board of Commissioners. A Board Member shall be an individual that receives or has received mental health services or family members of those individuals, agencies and occupations having a working involvement with mental health services and the general public.
- B. Commuting Mileage: The actual miles from the SCCCMHA Board member's residence to SCCCMHA Board Administration or wherever the Board meeting/ Special Committee/Advisory Council meeting is held and the return to their home.
- C. Business Mileage: The actual miles from the SCCCMHA Board member's residence to another location for a business purpose such as a conference.
- D. Per Diem: Per diem payments are authorized for attendance at any scheduled SCCCMHA Board meeting, or its Special Committees/Advisory Council meetings, as assigned by the SCCCMHA Board Chairman. Casual attendance by members at meetings other than those assigned are not eligible for a per diem.

IV. STANDARDS:

- A. Per IRS rules, elected and appointed public officials (including Board members) are generally considered employees for Federal income tax withholding and employment tax purposes and

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compensation is reported on a W-2 form. Commuting mileage expense is considered an employee's personal expense and reimbursement for such is a taxable benefit. However if the travel is for business purposes, such as travel to a conference, reimbursement is not taxable.

- B. Registrations for conferences/seminars should be made through the Executive Director's office in order to expedite and simplify the process and ensure the non-payment of sales taxes. If a member pays for conference registrations, hotel bills, taxi, parking, or other incidental out-of-pocket payments a timely Expense Voucher (Exhibit A) must be submitted with original receipts attached for reimbursement.
 - C. Reimbursements for meals that are included in the cost of the conference, seminar or meeting shall not be subject to reimbursement. The current cap for meals is as follows: Breakfast: \$7.50; Lunch: \$10.50; Dinner: \$21.00. Original receipts are required.
 - D. Board members are eligible for one per diem payment per day regardless of the number of meetings attended. Per diems are paid on a monthly basis.
 - E. The per diem to be paid shall be \$35.00 per day, plus mileage allowance for travel, paid in accordance with IRS rules.
 - F. Board members not wishing to receive a per diem must sign a "Waiver of Per Diem" form (Exhibit B). Should the Board member wish to have his/her per diem reinstated, a letter must be submitted to the Executive Director's office requesting such.
 - G. Board members will be reimbursed at the applicable IRS rate times the actual number of miles driven.
 - H. If an agency vehicle is made available and a Board member chooses to drive his or her personal vehicle, business mileage reimbursement will not be made.
 - I. All travel (mileage) and business expenses must be submitted on a Board of Director's Expense Voucher form (Exhibit A), denoting the date, activity, and actual number of miles driven and submitted to the Executive Secretary in a timely fashion.
- Note: Board members record their commuting mileage on their Board/Committee Member Profile form (Exhibit C). The amount indicated will be used in calculating the travel reimbursement. Board members only need to complete and submit the Expense Voucher for Board meetings that are not held at SCCCMHA Administration. It is up to the Board member to notify the Executive Secretary of a change in mileage should a move occur.
- J. All travel expenses will be paid on a monthly basis.
 - K. All expense vouchers need to be submitted by the end of each month and may not cross fiscal years (i.e. September 30th ends fiscal year).

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V. PROCEDURES:

A. Conferences/Seminars

Board Member

1. Completes conference/hotel registration forms for quarterly MACMHB conferences. For all other conferences, completes the Conference Request form (Exhibit D) with approval of the Board Chairman. Submits all requests to Executive Secretary for processing.

Executive Secretary

2. Processes conference/hotel reservations. Returns a copy of the completed paperwork to the Board member for review and reference prior to the conference.

Board Member

3. Completes Expense Voucher form (Exhibit A) for reimbursement of travel or any other incidental expenses (original receipts required), at completion of conference. Submits to Executive Secretary for processing using the "Business Miles" Travel/Expense Voucher. Reimbursement occurs monthly.

B. Per Diem

Board Member

1. Completes "Board Member Waiver of Per Diem" form (Exhibit B) if Board member does not wish to receive a per diem payment. Submits to Executive Secretary. The signed waiver form is placed in Board member personnel file.
2. Completes Expense Voucher (Exhibit A) denoting meeting date and type of meeting for per diem reimbursement if a Board member attends a Special Committee/Advisory Council meeting, conference /seminar (other than quarterly MACMHB sponsored conferences). Submits to Executive Secretary for processing.

Executive Secretary

3. Completes monthly per diem form for each Board member using the "Per Diem/Commuting Miles" form. Submits to Accounting Department for payment and places a copy in the Board member personnel file. Reimbursement will occur in the next available payroll cycle.

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C. Travel

Board Member

1. Determines Commuting Mileage from home to SCCCMHA Board Administration, records mileage on the Board/Committee Member Profile form (Exhibit C) and submits to Executive Secretary.
2. Determines the mileage to be reimbursed and records on the Expense Voucher denoting date, activity, mileage, if attending a Board meeting at a location other than SCCCMHA Administration, a Special Committee / Advisory Committee meeting, or conference / seminar. Submits to the Executive Secretary.

Executive Secretary

3. Completes the Commuting Miles portion of the Per Diem/Commuting Miles form. Upon completion, submits to the Executive Director for review and approval. Upon approval submits to accounting for processing.

VI. REFERENCES:

None Available

VII. EXHIBITS:

- A. Expense Voucher Form
- B. CMH Board Member Waiver of Per Diem
- C. CMH Board/Committee Member Profile
- D. Conference Request Form

EXPENSE VOUCHER

St. Clair CMH ~ Board of Directors ~ Name: _____ _____ (Please Print) Date: _____ _____	Auto Mileage/Odometer Readings			
	To	From	Total Miles	
Remarks: Signature: _____	Meals (Caps)		\$	
	\$7.50 Breakfast \$21.00 Dinner \$10.50 Lunch			
	Lodging			
	Cost Per Night	No. of Nights		
	\$		\$	
	Other Expenses			
			\$	
			\$	
	Per Diem (No. of Days)		\$	
	Total Cost		\$	

CMH BOARD MEMBER
WAIVER OF PER DIEM

I am requesting that I not receive a per diem for my service on the St. Clair County Community Mental Health Authority Board. I will still receive my travel reimbursement at the approved IRS rate and in accordance with all IRS rules. This election is effective _____ and will remain in effect through my tenure as a Board member or until such time that I request (in writing) to end this waiver.

Name: _____
(Please Print)

Signature: _____

Date: _____

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cc: Executive Director
Finance Director
CMH Board Member File

St. Clair County Community Mental Health Authority
CMH BOARD/COMMITTEE MEMBER PROFILE

EXHIBIT C

CHECK AS APPROPRIATE:		<input type="radio"/> Committee Member	<input type="radio"/> CMH Board Member
<i>Name of Committee:</i>			
NAME:			
OCCUPATION:			
SOCIAL SECURITY NUMBER:			
HOME ADDRESS:			
BIRTHDATE:			
HOME TELEPHONE NUMBER:		CELL PHONE NUMBER:	
BUSINESS ADDRESS:			
BUSINESS TELEPHONE NUMBER:			
E-MAIL ADDRESS:			
I WOULD PREFER HAVING BOARD MATERIALS SENT TO MY: <input type="radio"/> HOME <input type="radio"/> OFFICE			
TRAVEL EXPENSES (CMH Board Members Only): Please document the number of miles you travel below, round trip, from your home to our Board Administration Office, 3111 Electric Avenue, Port Huron. Travel will be reimbursed on a monthly basis. Completed travel vouchers are required for reimbursement for travel to other meetings and those CMH Board meetings that are <i>not</i> held at Administration.			
MILEAGE:			
AS A BOARD MEMBER, I CAN REPRESENT THE FOLLOWING PERSPECTIVES (CHECK <input checked="" type="checkbox"/> AS MANY AS APPLY):			
	Adults (Older)		Family of Recipient
	Business		Government
	Children		Health Care
	Citizen-At-Large		Mental Health Professional
	Primary Recipient: An individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.		Mental Illness
			Multi-Cultural/Minority
			Parent
			Provider
	Intellectual Disability		Volunteer
	Education		Other:

CONFLICT OF INTEREST STATEMENT

I understand the concept of Conflict of Interest and represent that I will not knowingly be party to a Conflict of Interest. I also agree to report any potential future conflicts of interest to the CMH Board Chairman prior to engaging in the action or activity.

Signature:

Date:

ST. CLAIR CMH

CONFERENCE/TRAINING/WORKSHOP REQUEST

This request is to be completed for **all** conferences/workshops, which includes Internal and External training. Internal Training: (Inner-Agency) Includes CMH sponsored workshops, Direct Care Curriculum and/or computer classes other than those required for new employees. External Training: (Non-CMH sponsored) Workshops, seminars, conferences, adult education, American Red Cross, American Heart Association, etc.

BOARD MEMBER NAME: _____ DATE: _____

NAME OF CONFERENCE/WORKSHOP: _____

DATE(S) OF CONFERENCE/WORKSHOP: _____

LOCATION: _____

See instruction of the other side of this page.	
Registration Fee:	_____
Estimated Materials Costs:	_____
Estimated Transportation Cost and Parking:	_____
Estimated Meal Expense:	_____
Estimated Hotel Expense:	_____
Total Estimated Costs:	_____
Total Advance Requested (if any):	_____

**Attach copy of conference/workshop brochure to this form.*

AUTHORIZATION SECTION (Please sign and check appropriate box):

BOARD CHAIRMAN: _____ Authorized Not Authorized

ORIGINAL: Account Clerk (only if expenses are involved)

cc: Requesting Board Member
Debra B. Johnson - Executive Director