



FROST STUDENT ASSOCIATION

Policy 20 Type: Purchasing Name: Purchasing Procedure

Scope

The purpose of this procedure is to establish internal control for purchases by the FSA Board of Directors and FSA/Auk's Lodge staff to prevent mishandling of funds and safeguard against loss and theft. Included in the definition of purchases are the following: event supplies and entertainment, club donations, withdrawals from Program and Club accounts, college and miscellaneous donations, refreshments for meetings, Board professional development, office and pub supplies/equipment, FSA Board of Directors and FSA/Auk's Lodge staff expenses and other miscellaneous items. This policy is applicable to all FSA Board Members, FSA/Auk's Lodge staff and Program/Club Presidents.

Request for Payment Form (Appendix A)

To be completed by any FSA Director, FSA/Auk's Lodge staff, Program/Club President or student who requires payment for any of the afore mentioned. Any purchases over \$250.00 must be approved by the Board of Directors unless they are bar or office supplies purchased by the Auk's Lodge or Office Manager.

Once complete, the form will be submitted to the President and/or the Vice-President for Board approval. Once the board has made its decision, the request will be given to the Office Manager for processing. The requestor will be contacted upon completion of this process, within one week of submission, unless otherwise instructed.

***If a request arises during a Board meeting, and is approved at that meeting, the Request for Payment Form will be completed at that time and given to the Office Manager along with a copy of the minutes, for processing.*

Expense Forms (Appendix B)

To be completed for reimbursement of purchases made on behalf of the FSA by a Board Members or Staff for mileage, conference expenses, event supplies, office supplies/equipment, and other miscellaneous items. Once complete, the form will be submitted to the President and/or the Vice-President for review and approval. Payment will be processed a minimum one week after submission. The requestor will be notified by the Office Manager when payment is ready.

Note: Director purchases and/or expenses must be authorized by the President, Vice-President, and/or the FSA Board prior to them making the purchase/expense.

Appendices: A – Request for Payment Form B – Expense Sheet



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REQUEST FOR PAYMENT FORM

(ALL REQUESTS ARE VOTED ON WITHIN ONE WEEK OF SUBMISSION)

- AUK'S LODGE OPERATIONAL EXPENSE
 FSA OPERATIONAL EXPENSE
 HSA OPERATIONAL EXPENSE
 INTERNAL
 CLUB/PROGRAM
 DONATION
 ONLINE/E-TRANSFER

DATE: _____

REQUESTOR: _____

GROUP/COMPANY: _____

AMOUNT: _____ CASH CHEQUE

REIMBURSEMENT? YES NO

FUNDING FOR: CLUB EVENT FSA EVENT BILL PMT OTHER

PROVIDE EVENT INFORMATION:

RECEIPT(S) ATTACHED? YES NO IF NO, EXPLAIN ITEMS PURCHASED.

SIGNATURE OF PERSON REQUESTING FUNDS: _____

OFFICE USE ONLY			
APPROVED BY BOARD: YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE APPROVED:	
AUTHORIZED BY:	_____	DATE:	_____
	AUTHORIZED SIGNATORY		



Expense Sheet

FROST STUDENT ASSOCIATION

Employee Name: _____

Employee #: _____

Date	Description	Expense	Mileage	Km @ \$0.58	Breakfast	Lunch	Dinner	Other	HST	Total Expense
				-						-
				-						-
				-						-
				-						-
				-						-
				-						-
				-						-
				-						-
				-						-
TOTAL \$										-

I hereby certify that the foregoing expenses were incurred on FSA business and do not represent a duplication of any other claim made through the FSA. I also certify that itemized receipts are present and that the expenses comply with the eligibility requirements of the FSA Expense policy. It is understood and agreed that I shall maintain in effect automobile insurance in accordance with the laws of the Province of Ontario and this policy will have a limit of Third Party Liability not less than \$1,000,000.00. In addition, I shall be responsible for any loss of or damage to my own vehicle howsoever caused.

Employee Signature: _____ Authorized Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: 06-Jun-19