

## **Expenses Guideline**

This guideline is to ensure the appropriate incurring of expenses, and facilitate prompt repayment of expenses incurred on behalf of the Makerspace.

A budget will be drafted by the board and presented to members of the society for approval no more than two months after the AGM. Updates to the budget are to be approved at a members meeting.

Only pre-approved members, volunteers and directors may incur expenses on behalf of the Makerspace (on a case by case basis). Spending approvals are made by any director in adherence to the budget. Approvals are to be discussed at each board meeting. Directors cannot approve their own expenses.

An expense form will be submitted along with an itemized receipt before reimbursements are made. Reimbursements may take up to 3 weeks to be processed.

All expenses must be approved and adhere to the budget. Expenses incurred without approval will not be refunded.

Division of duties must be maintained when reimbursing expenses. A director must not approve a reimbursement to themselves.



## **Expense Form**

This form pertains to our expenses guideline. Please ensure that you have familiarized yourself with it and gotten director approval <u>before</u> incurring an expense. **Unauthorized expenses will not be reimbursed.** Please attach an itemized receipt.

| Name:                | Phone:              | Emai       | l:     |
|----------------------|---------------------|------------|--------|
| Expense approved by: |                     | Date appro | ved:   |
| Date submitted:      | Budget category(s): |            |        |
| Item                 |                     |            | Amount |
|                      |                     |            |        |
|                      |                     |            |        |
|                      |                     |            |        |
|                      |                     |            |        |
|                      |                     |            |        |
|                      |                     |            |        |

| Reimbursed date: | _Ammount: | _Method: |
|------------------|-----------|----------|
|                  |           |          |

Budget category(s):\_\_\_\_\_

Total