**TRAVEL AND EXPENSE REIMBURSEMENT POLICY**

**PURPOSE**

[EMPLOYER'S NAME] is committed to reimbursing employees for reasonable business-related expenses incurred while performing their duties. This policy outlines the types of reimbursable expenses, approval requirements, and procedures for requesting reimbursement. All reimbursable expenses must align with the guidelines in this policy.

Employees must receive [advance] written approval from [the [DEPARTMENT NAME] Department/[POSITION]] before incurring travel or business expenses. Receipts or appropriate substantiating documentation are required for all expenses submitted for reimbursement.

For expenses exceeding $[AMOUNT], employees must obtain prior written approval from [the [DEPARTMENT NAME] Department/[POSITION]].

This policy complies with all applicable federal and state laws, including those in Connecticut, with respect to expense reimbursement practices, recordkeeping requirements, and employee rights.

**REIMBURSABLE EXPENSES**

Eligible expenses

The following expenses may qualify for reimbursement under this policy:

* Business travel: Transportation, lodging, and meals incurred during business travel.
* Business meals and entertainment: Meals and entertainment directly related to business purposes.
* Miscellaneous business expenses: Examples may include [EXAMPLES, e.g., office supplies, postage, or internet fees].

Exclusions

Only expenses that comply with the requirements outlined below will be reimbursed. The following are examples of expenses that are not reimbursable under this policy:

* Personal expenses: Childcare costs, personal entertainment, or other non-business-related expenses.
* [OTHER.]

For questions regarding reimbursable expenses or exclusions, employees should contact [the [DEPARTMENT NAME] Department].

**TRAVEL EXPENSES**

[EMPLOYER'S NAME] will reimburse employees for business travel expenses in alignment with the following guidelines:

* Cost-efficient transportation: Employees must select the lowest reasonably priced transportation option available for their travel needs.
* Eligibility: Reimbursement is limited to expenses that are directly related to and necessary for the purpose of business travel.

For further details or clarification regarding travel expense eligibility, employees should contact [the [DEPARTMENT NAME] Department].

**AIR TRAVEL**

Coach travel requirements

Employees are required to book the lowest-priced coach airfare available, considering factors such as:

* Preferred airports.
* Preferred arrival and departure times.
* Connection times.
* Ticket restrictions, including cancellation and change fees.

Premium fare policy

Reimbursement for first-class or business-class fares is allowed only under the following conditions:

* Flights lasting longer than [NUMBER] hours.
* Circumstances pre-approved by [the [DEPARTMENT NAME] Department/[POSITION]].
* [OTHER CIRCUMSTANCES.]

Employees must secure pre-approval for premium fares from [the [DEPARTMENT NAME] Department/[POSITION]].

Baggage fees

Charges for checked baggage will be reimbursed under these conditions:

* The employee is transporting materials for [EMPLOYER'S NAME].
* The trip duration exceeds [NUMBER] days.
* The expense is pre-approved by [the [DEPARTMENT NAME] Department/[POSITION]].

Frequent flyer awards

Employees may retain frequent flyer miles accrued during business travel for personal use. However, [EMPLOYER'S NAME] does not reimburse employees for tickets purchased using frequent flyer miles.

Flight changes and cancellations

Penalties and other charges related to cancellations or changes will be reimbursed only under the following conditions:

* [CIRCUMSTANCES.]

For clarification or additional guidelines, employees should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**TRAVEL BY CAR AND PARKING GUIDELINES**

Use of personal vehicles

Employees required to use their personal vehicles for business purposes will be reimbursed at the mileage rate established by the Internal Revenue Service (IRS).

* [As of [DATE], the rate is $[AMOUNT] per mile.]
* Additional reimbursable expenses include tolls and parking fees.

Non-reimbursable expenses

The following expenses are not covered by [EMPLOYER'S NAME] and are considered the employee's responsibility:

* Parking tickets.
* Vehicle repairs and maintenance.
* Fines for traffic violations.
* Towing charges.

Insurance coverage

Employees using personal vehicles for work-related travel must confirm that their automobile insurance covers business travel.

Rental cars

When rental vehicles are required for business purposes, [EMPLOYER'S NAME] will reimburse the following:

* Rental car costs (economy or standard size).
* Gasoline, tolls, and parking fees.

Upgrades to larger vehicles

Employees may upgrade to a full-size vehicle only if:

* The number of passengers necessitates a larger vehicle.
* Pre-approval is obtained from [the [DEPARTMENT NAME] Department/[POSITION]].

Insurance for rental cars

When a rental car is used for company business:

* [EMPLOYER'S NAME]'s insurance policy provides coverage for the vehicle and the employee.
* Employees should decline additional insurance offered by the rental car company.

For questions or further guidance on reimbursement for automobile travel, employees should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**GROUND TRANSPORTATION REIMBURSEMENT**

Reimbursable expenses

Employees are eligible for reimbursement for standard and reasonably priced ground transportation incurred for business purposes. This includes the following:

* Buses.
* Shuttles.
* Taxis.
* Rideshare or car services (e.g., Uber, Lyft).

Applicable routes

Reimbursement is limited to transportation for the following purposes:

* Travel to and from airports or train stations.
* Travel between the employee's hotel and business-related locations (e.g., conference venues, client offices).

For questions or approval of any exceptions, employees should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**RAIL TRANSPORTATION REIMBURSEMENT**

Eligibility for rail travel

Employees may opt for rail travel when it is a more cost-effective option compared to air travel.

Fare guidelines

Employees are expected to select the most economical fare available while considering:

* Preferred arrival and departure times.
* Connection and layover durations.
* Ticket restrictions, including fees for cancellations and changes.

Charges and cancellations

Reimbursement for penalties or fees incurred due to cancellations or changes will follow the same rules outlined for air transportation. For further clarification or exceptions, employees should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**LODGING REIMBURSEMENT**

Standard accommodations

[EMPLOYER'S NAME] reimburses employees for standard lodging in reasonably priced hotels during overnight business travel.

Reimbursement requirements

To claim reimbursement for lodging expenses, employees must submit an itemized hotel receipt or statement showing:

* Hotel name and location.
* Dates of stay.
* Separate charges for lodging, meals, telephone, and other expenses.

[Rate limits

A nightly rate cap applies in designated locations, such as $[AMOUNT] per night in [LOCATION]. Employees must secure prior written approval from [the [DEPARTMENT NAME] Department/[POSITION]] to exceed the specified maximum for any location.]

[Preferred hotels

For travel to [LOCATION], employees are required to stay at one of the following hotels with pre-negotiated discounts:

* [HOTEL NAME].
* [HOTEL NAME].]

Cancellation fees

[EMPLOYER'S NAME] will cover room cancellation fees for guaranteed reservations only in extenuating circumstances, as determined solely by [EMPLOYER'S NAME].

For questions about lodging expenses or compliance with this policy, employees should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**MEAL REIMBURSEMENT POLICY**

Eligibility for reimbursement

[EMPLOYER'S NAME] reimburses employees for reasonable meal expenses incurred during:

* Overnight business travel.
* Full-day travel away from the employee’s regular work location.  
  [Reimbursement is capped at $[AMOUNT] per day.]

Prohibited reimbursements

[EMPLOYER'S NAME] will not reimburse expenses deemed lavish or extravagant, including:

* Meals that exceed reasonable cost limits.
* Alcoholic beverages.

Documentation requirements

Employees must submit receipts or appropriate documentation for each meal, unless the meal costs less than $[AMOUNT]. The documentation must include:

* Date and location of the meal.
* Itemized expenses.

Exclusions

This section does not apply to meals purchased for business entertainment purposes. Reimbursement for business meals and entertainment is addressed in the "Business Meals and Entertainment" section.

Employees with questions about meal reimbursements should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**BUSINESS MEALS AND ENTERTAINMENT**

Reimbursement for business meals

[EMPLOYER'S NAME] reimburses employees for the reasonable costs of business meals with clients, customers, or other business affiliates, provided the meal is business-related. However:

* Lavish or extravagant expenses, as determined by [EMPLOYER'S NAME], will not be reimbursed.
* Costs associated with alcoholic beverages are not reimbursable.

Documentation requirements

Employees must submit receipts that include:

* Names of attendees.
* The business purpose of the meal.

[For meals exceeding $[AMOUNT] per person, prior written approval from [the [DEPARTMENT NAME] Department/[POSITION]] is required.]

Reimbursement for business entertainment

Business entertainment includes meals and functions intended to provide hospitality to non-employees, which are partly social but necessary and customary for furthering [EMPLOYER'S NAME]'s business.

Expenses should be reasonable and align with the anticipated business benefit. Alcoholic beverages are not reimbursable.

Documentation requirements

Employees seeking reimbursement must provide:

* The date and location of the event.
* Names of attendees.
* An itemized list of expenditures.
* The business purpose and nature of the business discussions before, during, or after the event.

Employee banquets and functions

Occasional banquets or other functions intended to:

* Promote employee relations or morale.
* Recognize individual or group achievements.

Reimbursement guidelines

* Actual costs will be reimbursed [up to $[AMOUNT]].
* Alcoholic beverages are not reimbursable.

Smaller personal events (e.g., celebrations for births or marriages) are typically employee-funded and are not reimbursed by [EMPLOYER'S NAME].

Employees should contact [the [DEPARTMENT NAME] Department/[POSITION]] for further details on submitting reimbursements for business meals and entertainment.

**MISCELLANEOUS EXPENSES**

[EMPLOYER'S NAME] will reimburse employees for professional development or continuing education programs that are approved in advance by [the [DEPARTMENT NAME] Department/[POSITION]] and relate directly to their current job responsibilities. Reimbursement includes travel costs and registration fees but excludes costs for continuing education required to maintain certifications or licenses not connected to the employee’s current position. Conference registration fees should be paid directly by [EMPLOYER'S NAME] in advance of the event whenever possible. If advance payment is not feasible, employees may request reimbursement after the event, provided prior approval was obtained.

Employees traveling on business are also eligible for reimbursement of reasonable costs for business-related phone calls, internet service fees, and faxes. Employees must provide receipts or itemized documentation specifying the costs and identifying the parties contacted. For questions about reimbursable miscellaneous expenses, employees should contact [the [DEPARTMENT NAME] Department/[POSITION]].

**SUBMITTING REIMBURSEMENT REQUESTS**

Employees must request reimbursement for business-related expenses by completing an expense reimbursement form, obtaining written approval from [POSITION], and submitting the form along with required receipts and documentation to the [DEPARTMENT NAME] Department. Both the employee and [the employee's supervisor/[POSITION]] must sign and verify the form. Expense reimbursement forms can be accessed [on [EMPLOYER'S NAME]'s intranet/from the [DEPARTMENT NAME] Department].

All forms must include original receipts or appropriate documentation specifying:

* The amount paid.
* The date of the expense.
* The vendor or provider name and location.
* The nature of the expense.
* [OTHER REQUIRED INFORMATION.]

For personal vehicle use, the form must include:

* The miles driven.
* The origin and destination.
* The date of travel.
* The business purpose.

If receipts or documentation are unavailable, employees must submit a written explanation. [EMPLOYER'S NAME] will evaluate the explanation and determine eligibility for reimbursement. Receipts are not required for expenses under $[AMOUNT].

Expense forms must be submitted within 60 days of incurring the expense. [Late submissions may result in the expense being classified as taxable income/[EMPLOYER'S NAME] will not process requests submitted after this deadline].

The [DEPARTMENT NAME] Department will verify the validity of the expenses and adequacy of documentation. [EMPLOYER'S NAME] reserves the right to deny reimbursement for expenses that are inaccurate, inadequately documented, late, or non-compliant with this policy. Forms may also be audited by [EMPLOYER'S NAME] [or government agencies].

**RETURNING EXCESS REIMBURSEMENTS**

Employees who receive reimbursement amounts exceeding the actual expenses incurred must notify and return the excess funds to the [DEPARTMENT NAME] Department within 120 days. Failure to do so may result in disciplinary action or adjustments to future reimbursements, as determined by [EMPLOYER'S NAME].

**EXPENSE REIMBURSEMENT PAYMENT**

Payment timeline

[EMPLOYER'S NAME] will process and reimburse employees for eligible expenses promptly after submission of a completed and approved expense reimbursement form, including all required substantiating documentation. Reimbursements will be made no later than December 31 of the calendar year following the year in which the expense was incurred.

Compliance with Section 409A

Reimbursements under this policy are intended to comply with Section 409A of the Internal Revenue Code or qualify for an exemption from its requirements. All provisions of this policy will be interpreted and administered in accordance with Section 409A to ensure compliance.

* Reimbursements provided in one calendar year will not influence reimbursements in subsequent years.
* Employees cannot liquidate or exchange reimbursement rights for other benefits.

Tax implications

[EMPLOYER'S NAME] is not responsible for any taxes or penalties that may apply to employees under Section 409A related to reimbursements made under this policy. Employees should consult with a tax professional for advice on any potential tax implications.

**COMPANY-ISSUED CREDIT CARDS**

[EMPLOYER'S NAME] may provide company credit cards to select employees for authorized business-related purposes. These cards are issued at the sole discretion of [EMPLOYER'S NAME] and must be used exclusively for expenses that are eligible for reimbursement under this policy.

Employees are strictly prohibited from using company credit cards for personal expenses. Any expenses charged to a company credit card must adhere to the following guidelines:

* Expenses must align with the reimbursement policy.
* Receipts and necessary substantiating documentation must be submitted.
* Approval from the appropriate [manager/department] is required.
* Requests must meet applicable deadlines, including any credit card payment due dates set by [EMPLOYER'S NAME].

Prohibited charges

[EMPLOYER'S NAME] will not reimburse:

* Personal expenses.
* Late payment fees.
* Charges that fail to comply with this policy.

Employee responsibility

[Employees must [pay the credit card bill directly] and submit expense reimbursement requests for approved charges incurred on the company credit card using the standard reimbursement process outlined in this policy.]

Policy enforcement

The use of company-issued credit cards is a privilege, not a right. [EMPLOYER'S NAME] reserves the right to revoke this privilege at any time, at its sole discretion.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department is tasked with managing and enforcing this policy. Employees with questions regarding this policy or [EMPLOYER'S NAME]'s travel and business expense reimbursement procedures are encouraged to reach out to the [DEPARTMENT NAME] Department for guidance.

Employees found to have abused this policy, such as by submitting fraudulent expense claims, may face disciplinary action, up to and including termination of employment.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date