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|-----------------|---------------------|-----------------------|--------|
| <b>Subject:</b> | TRAVEL AND EXPENSES |                       |        |
| <b>Section:</b> | Financial Services  | <b>Policy Number:</b> | 7-a-61 |

*Inspired by the Religious Hospitallers of St. Joseph, we reveal God's love and grace for all, through compassionate care, focused on the body, mind and soul of those whose lives we touch.*

**Background:** St. Joseph's Continuing Care Centre believes it must use its resources professionally and prudently according to sound management principles. The purpose of this policy is to establish the expense rules for all individuals in the organization with respect to travel, meals and expenses, in accordance with the *Broader Public Sector Expense Directive*. This policy applies to employees, Board members, volunteers, and consultants and contractors providing consulting or other services.

- Policy:**
1. St. Joseph's Continuing Care Centre will reimburse for travel expenses incurred when they are requested to travel in the service of the Centre. The costs should be economical and clearly related to Centre business.
  2. Approval Authority
    - 2.1. The following table sets out the requirements for pre-approval for travel and expense reimbursements:

| Attendee:           | Cost of trip:                        | Pre-approval of travel by:                 |
|---------------------|--------------------------------------|--|
| Board Member        | All travel and expenses              | Executive Director                         |
| Executive Director  | Travel and expenses \$500 and over   | Board Chairperson or Designate             |
| Directors, Managers | Travel and expenses \$1,000 and over | Executive Director                         |
| Employees           | Travel and expenses under \$1,000    | Department Manager or immediate supervisor |
| Employees           | Travel and expenses \$1,000 and over | Executive Director                         |

- 2.2. The following table sets out the accountability framework for approving all travel and expense reimbursements:

| Travel expense incurred by: |                                | Approval of travel and expenses claim by:  |
|-----------------------------|--------------------------------|--|
| Board Member                | All travel and expenses claims | Executive Director                         |
| Executive Director          | All travel and expenses        | Board Chair or Designate                   |
| Directors, Managers         | All travel and expenses claims | Executive Director                         |
| Employees                   | All travel and expenses claims | Department Manager or immediate Supervisor |

- 2.3. When approving travel expense claims, the approver should consider whether the

expenses are reasonable and fall within the spirit and intent of this policy. The approver should check that the claim includes all appropriate documentation.

2.4. Approvers cannot approve their own expenses. Expenses for a group must be claimed by the person present with the highest level of signing authority.

3. Reimbursable Travel Costs

- 3.1. Automobile - Whenever possible, travel will be coordinated to ensure that transportation is shared. The driver will be reimbursed at the current rate of 72¢ per kilometre paid to the Centre's employees;
- 3.2. Air Fare - All bookings will normally be billed to and paid by the Centre. Early booking of air travel will ensure that the most economical rates are obtained;
- 3.3. Train - All bookings will be normally billed to and paid by the Centre.
- 3.4. Hotel - The hotel charges will normally be paid by the employee. The employee will then be reimbursed upon filing of the *Travel Expense Claim* (Appendix B). Receipts are required.
- 3.5. Meals - Receipts are only required for meals in excess of \$10.
- 3.6. Registration Fees - Registration arrangements for the conference/meeting will be paid in advance by the Centre.
- 3.7. Other Expenses - Expenses such as parking, telephone, taxi, etc. will be reimbursed provided they have been incurred for Centre business. All receipts are required.

4. Non-reimbursable Expenses

The intent of this policy is to fully reimburse the expenses of the Centre's employees while on Centre business. The costs of spousal travel, accommodation, meals, etc. are not reimbursable. In addition, entertainment, except as part of a convention package, traffic fines, car repairs, etc. are the attendee's responsibility and are not reimbursable. Costs incurred for alcoholic beverages are not reimbursable.

5. Transportation

The mode of transportation should be the most practical and economical, considering circumstances such as length of travel, cost of accommodation and meals, travel schedule, health and safety considerations. In circumstances where employees are travelling on their own time, train travel by business class or VIA1 may be allowed.

6. Personal Automobile

If a private automobile is used for approved Centre purposes, the owner should ensure that personal car insurance is adequate. A minimum of \$2,000,000 third party liability insurance is recommended. Employees who are required to use a vehicle in the performance of their job should advise their insurance broker that they will be using their vehicle for "work purposes". Failure to insure a personal vehicle correctly could result in an insurance claim being denied. The Centre is not responsible for individual policy and payment of insurance premiums.

7. Expenses for Consultants and Other Contractors

Reimbursement for allowable expenses can be claimed and reimbursed only when the contract specifically provides for it. Examples of these allowable expenses could include: lodging; non-local travel.

**Procedure:**

1. The attendee will complete and submit a *Travel Approval and Advance Request* (Appendix A) as per the policy, section 2.1. The submission will outline the purpose and the estimated cost associated with the travel requested. If the attendee is requesting a travel advance, it should be included on the form. If the form is approved, the attendee can make the travel arrangements. The completed and signed form is submitted to the Finance Department. For trips not exceeding \$500, approval by e-mail is acceptable.
2. Upon completion of the travel, the attendee will complete a *Travel Expense Claim* (Appendix B) and forward the form to the approver for signature. Once the form is signed, it is

forwarded to the Finance Department for processing. The *Travel Expense Claim* must be submitted within 30 days of the completion of the trip.

3. Once approved, the Finance Department checks the accuracy, matches it to the *Travel Approval and Advance Request* form and makes the appropriate reimbursement.

|                     |   |
|---------------------|---|
| <b>References:</b>  | <ol style="list-style-type: none"> <li>1. The Religious Hospitallers of St. Joseph Health Centre of Cornwall <i>Mission and Philosophy</i></li> <li>2. St. Joseph's Continuing Care Centre <i>Mission, Vision and Values</i></li> <li>3. <i>Broader Public Sector Expenses Directive</i></li> </ol> |
| <b>Approval By:</b> | Leadership and Partnerships Team _____  |
| <b>Effective:</b>   | 04 April 1991   |
| <b>Reviewed:</b>    | <u>17 January 2020</u> <u>12 February 2021</u>  |
| <b>Revised:</b>     | <u>27 June 2006</u> <u>29 June 2011</u> <u>08 November 2017</u> <u>19 October 2022</u> <u>06 March 2024</u><br><u>26 November 2025</u>  |

|                  |                     |                       |        |
|------------------|---------------------|-----------------------|--------|
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| <b>Appendix:</b> | Appendix A          | <b>Policy Number:</b> | 7-a-61 |

**TRAVEL APPROVAL AND ADVANCE REQUEST**

Long Term Care                       Complex Continuing Care

|                      |       |                |       |
|----------------------|-------|----------------|-------|
| Name/Payee           | _____ | Travel Purpose | _____ |
| Department           | _____ | Location       | _____ |
| Today's Date         | _____ | Departure Date | _____ |
| Additional Attendees | _____ | Return Date    | _____ |
|                      | _____ |                |       |
|                      | _____ |                |       |

| Estimated Expense | Specifications | Estimated Amount | Advance Amount (if required) |
|-------------------|----------------|------------------|------------------------------|
| Registration      |                |                  |                              |
| Transportation    |                |                  |                              |
| Accommodations    |                |                  |                              |
| Meals             |                |                  |                              |
| Other             |                |                  |                              |
| <b>TOTAL</b>      |                | \$               | \$                           |

Amount of Advance (if required prior to travel) \_\_\_\_\_

Date Advance Required (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Executive Director (ED) Signature

\_\_\_\_\_  
Board Chairperson Signature (for ED travel over \$500 only)

**NOVEMBER 2025**

