**Financial Management and Reimbursement Guidelines**

**Purpose:**

The Financial Management Policy of the Association of Healthcare Value Analysis (AHVAP) provides continuity and guidance for developing and maintaining the financial goals and objectives of the organization as well as managing AHVAP’s funds.

1. Audit
   1. An external audit will be performed as needed and at the time of management services change. The management company for AHVAP and the treasurer will have direct oversight of the audit process.
      * The management company and treasurer will recommend to AHVAP Board for approval the selection of a firm to perform the audit.
      * The representative of the audit firm will report the final results to the AHVAP Board.
      * Form 990 is prepared by an independent CPA firm and presented to the Board for review. The treasurer’s signature is required for submission to IRS.
   2. Internal audits are not performed; however, the Association’s management company shall prepare a monthly financial statement.
   3. Taxes are filed on an annual basis by an external accounting firm.
2. Signature Policy

The representative of the management company for AHVAP, the treasurer and the President are authorized to sign all checks and debit purchases.

* + - All checks issued and debit card purchases require one signature of the above authorized individuals.
    - All receipts will be approved by the treasurer and kept on file with the management company for three (3) years as required by IRS guidelines.

1. Budgeting Process

The budget will be prepared and approved annually by the AHVAP Board of Directors prior to the start of the fiscal year. The budget is revised during the year only if approved by the Board of Directors.

1. Reimbursement Policy
2. All requests for reimbursements must be submitted to the Management Company on a Check Request form with accompanying receipts and documentation.

*See Appendix A*.

* + All expenses related to AHVAP activities for travel, meals, hotels, supplies, postage are approved by the Board to be reimbursed.
  + The treasurer may approve expenses for reimbursement that are already within the approved budget.

1. Lowest reasonable travel expenses should be incurred.
2. Reimbursement is allowed only when reimbursement has not been, or will not be, received from other sources.
3. Travel by personal car will be reimbursed at the current IRS standard mileage rate. The traveler may opt to request reimbursement for gasoline in lieu of the standard mileage rate. Orginal itemized receipts are required. Tolls and parking fees will be reimbursed with receipts.

03/2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/YYYY)

Revision/Review Approval Date

10/2016 (MM/YYYY)

Date approved by AHVAP Board of Directors

**Appendix A**

**Check Request Form**

**230 Washington Ave. Ext. Suite 101  
Albany, NY 12203**

**Phone: (518) 306-1412**

**Fax: (518) 463-8656**

**info@ahvap.org**

**Expense Type**

Board of Directors

Membership

Conference

Website

Newsletter

Financial

**Committee**

Education

CVAHP

IBEC

HIAC

Conference Planning

Marketing

Membership

Past Presidents

Nominating

Website

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submit this form with all receipts to the AHVAP office.**  Requested By: |  | Date: | |  |
| Committee: |  | | | |
|  | *(Choose from the list at right.)* | | | |
| Vendor invoice #: |  | | *(if request is for invoice payment)* | |
| Vendor invoice date: |  | | *(if request is for invoice payment)* | |
| Amount: $ |  | |  | |
| Date Due: |  | |  | |

Description of Expense\*:

|  |
| --- |
|  |

*\*If the expense is for a program or event, be sure to include the event date below.*

**Make Check Payable To:**

|  |  |
| --- | --- |
| Name/Company: |  |

**Send Check To:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Company: |  | |
| Address: |  | |
| City, State ZIP: |  | |
| Phone Number: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorized by: |  | | | |
| Expense type: |  | - |  |  |
|  | *Expense Type* |  | *Committee* | *(Choose from the lists at right.)* |
| \*Event Date: |  | / |  |  |
|  | *Month* |  | *Year* |  |
| Date Check Written: |  | | |  |
| Check Number: |  | | |  |

Updated 03/2019