



## **OPERATING GUIDELINE**

### **SPEAKER REIMBURSEMENT**

#### **I. OBJECTIVE**

The **MARSQA** Board of Directors recognizes that its membership, and that of the Society of Quality Assurance in general, provides a major resource for professional expertise, and it is expected that the majority of speakers for meetings should be willing to support **MARSQA** by making their presentations without charge. Reasonable, out-of-pocket expenses incurred by speakers may be reimbursed by **MARSQA**. The Board of Directors also recognizes that it is appropriate to occasionally engage the services of professional speakers on selected subjects.

#### **II. PROCEDURE**

The **MARSQA** Education and Program Planning Committee Chairperson(s) may allocate reasonable moneys, as outlined below.

- A. Meeting registration/workshop fees (excluding membership fees) are waived for the speakers.
- B. At the discretion of the Education and Program Planning Chairperson(s), travel expenses (including other fees where appropriate) may be reimbursed when not covered by the speaker's employer. The speaker's estimated costs must be submitted to the Education and Program Planning Chairperson for approval prior to confirmation. A Speaker Expense Report form and receipts must be submitted to a **MARSQA** Officer for reimbursement.
- C. Estimated per meeting speaker costs up to \$500.00 may be approved by the Education and Program Planning Chairperson. Each expenditure above \$500.00 must be approved by a member of the Finance Committee. Approval shall be promptly documented (e.g., by fax or email) to the other members of the Finance Committee, and the original signed/initialed approval shall be promptly provided to the Historical Committee for archiving.
- D. At the discretion of Education and Program Planning Chairperson(s), a thank you gift of up to \$50.00 may be given to all volunteer speakers.

#### **III. RECORDS**

Approval of expenses is documented on the attached Speaker Expense Report Form.

**ATTACHMENT 1 – SPEAKER EXPENSE REPORT FORM:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date/Place of Meeting: \_\_\_\_\_

Travel Expenses (please attach all receipts\*)

Airfare ..... \$ \_\_\_\_\_

Ground Transportation ..... \$ \_\_\_\_\_

Hotel Accommodations ..... \$ \_\_\_\_\_

Other Fees ..... \$ \_\_\_\_\_

Total Amount to be Reimbursed ..... \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_ Company \_\_\_\_\_ Personal  
(Check one)

\_\_\_\_\_  
Signature  
Education and Program Planning Chair Approval  
(Up to \$500.00)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (indicate title)  
Finance Committee Approval (Over \$500.00)

\_\_\_\_\_  
Date