

TOWN OF HOLLISTON FINANCIAL PROCEDURES

Purchasing/Reimbursement Procedures

Purpose

The purpose of the Purchasing/Reimbursement Procedure is to establish policy and procedures for all purchasing for the Town of Holliston that is less than \$10,000 and not covered under Procurement.

Policy

All attempts should be made to keep reimbursements to a minimum and use vendor purchase procedures whenever possible.

Vendor Purchases

Whenever possible all purchases should be made directly from a vendor. The vendor should provide the department with a detailed invoice. No sales tax should be charged on the invoice. If it is a new vendor, a W-9 will be required in order to set them up as a vendor. All attempts should be made to establish a new vendor. No employee or committee member should be paying vendors directly from their personal funds. All bills should be submitted directly to the accountant's office in a timely manner for payment via the warrant process.

Non Vendor Purchases

All online or non-vendor purchasing/charges shall be made using the Town of Holliston debit card. The non-vendor purchasing form must be completed prior to any purchases. Upon completion of the purchase the debit card and receipt must be returned to the Town Accountant or the Town Treasurer in the absence of the Town Accountant.

Products/materials purchased with the debit card shall be delivered to your place of employment. No products/materials shall be shipped to an employee residence.

Employee Reimbursements

In the event that you have to use your own personal credit/debit card or check you will be required to submit to the Town Accountant the following documentation before you get reimbursed.

1. For all credit/debit card purchases that show the last four digits of your card on the receipt a copy of your card showing your name and just the last four digits of your card are required. Please redact all other information on your card.
2. For credit/debit card purchases that do not show the last four digits of your card a copy of your statement showing your name and the charge. Again, all other information should be redacted.
3. If a personal check is used, a copy of the cashed check is required.
4. Cash purchases will not be reimbursed.

**Town of Holliston
Financial Procedures
Purchasing/Reimbursement Procedures
Page 2**

All reimbursements will be made via your paycheck if applicable. Reimbursements shall be submitted to the Town Accountant for reimbursement within a month of the expense being incurred. Reimbursements submitted after a month will become a taxable reimbursement per IRS regulations.

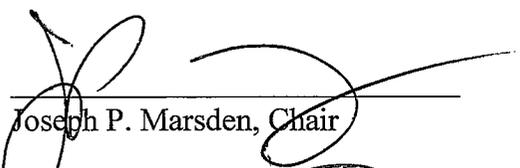
Mileage Reimbursements

In order to be reimbursed for mileage, you must submit the following documentation.

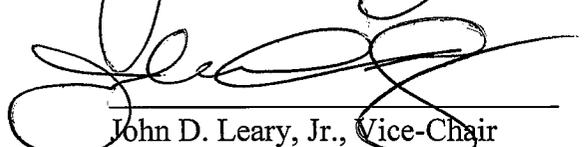
1. Conferences/meetings – A copy of the conference registration or meeting agenda must be submitted along with a copy of Mapquest to confirm the mileage being submitted. If tolls are incurred, a copy of the toll receipt or printout from EZ-pass must be submitted as well.
2. Inspections – The mileage log must be completed and submitted with your reimbursement request.

All reimbursements will be made via your paycheck if applicable. Reimbursements shall be submitted to the Town Accountant for reimbursement within a month of the expense being incurred. Reimbursements submitted after a month will become a taxable reimbursement per IRS regulations.

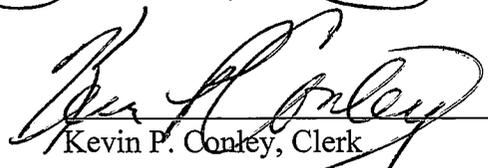
Holliston Board of Selectmen



Joseph P. Marsden, Chair



John D. Leary, Jr., Vice-Chair



Kevin P. Conley, Clerk

Dated: 6/10/15

**TOWN OF HOLLISTON
NON-VENDOR PURCHASING FORM**

Item(s) to be purchased:

Vendor Name:

Approximate Amount of Purchase: \$ _____

Account Number to be Charged: _____

Department Head Signature: _____ Date: _____

Town Treasurer Signature: _____ Date: _____

Town Accountant Signature: _____ Date: _____

School Business Manager: _____ Date: _____

I acknowledge receipt that I have been presented with the Town of Holliston's debit card to purchase the above item(s) and I will keep this card in my possession at all times and not give this card to any other person(s). Illegal use of this card could result in termination of employment.

Debit card given to: _____ Employee Signature _____

Date: _____ Time: _____

Debit card returned on: _____ Time: _____

Receiving Employee Signature: _____

Please return the debit card and receipt for purchases to the Town Accountant immediately or to the Town Treasurer in the absence of the Town Accountant.

Town of Holliston Mileage Log

Call #	Resident	Address	Date	Time	Starting Odometer	Ending Odometer	Total Mileage
1	Town of Holliston	703 Washington Street	4/2/2015	11:15	73,000	73,010	10
2							0
3							0
4							0
5							0
6							0
7							0
8							0
9							0
10							0
11							0
12							0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20							0
21							0
22							0
23							0
24							0
25							0
26							0
27							0
28							0
29							0
30							0
31							0
32							0
33							0
34							0
35							0
36							0
37							0
38							0