

Sector Funds Reimbursement Procedures

<u>Quick Reference – and – Contact Names & Numbers</u>	p. 2
<u>Sector Funds</u>	p. 3
<u>Sales Tax</u>	p. 3
<u>Changes in Chief / Treasurer / Other Elected Steward</u>	p. 3
<u>Ordering Sector Checks</u>	p. 3
<u>Stale Checks</u>	p. 3
<u>Electronic Check Readers</u>	p. 3
<u>Routine Expenditures</u>	
Routine Union Expenditures	p. 4
Purchase Requisitions	p. 4
Reimbursing Routine Union Expenses	p. 5-8
<u>Special Sector Funding</u>	
Special Sector Funding Policy & Procedure	p. 9
Special Sector Funding Application	p. 10
<u>Catastrophic</u>	p. 11
<u>Honor Guard / Color Guard Expense</u>	p. 11
<u>Other Public Relations Programs</u>	p. 12
<u>Submitting for Reimbursement</u>	p. 13
<u>Dues Refund for Actively Deployed Military</u>	p. 14
<u>Steward Training Reimbursement</u>	p. 14
<u>Executive Assembly Expenses</u>	p. 14
<u>Policy for Documents</u>	p. 14
<u>License Agreement</u>	p. 14
<u>Veterans Policy</u>	p. 15
<u>Forms</u>	p.16-29

Quick Reference for Sector Funding & Reimbursement

- Other than the 12 routine union expenditures, prior approval is required before checks can be written.

Routine union expenditures are:

- 1) Telephone/Internet – Up to \$40 Telephone/ \$100 internet - per sector per month
- 2) Postage
- 3) Office Supplies - \$125 maximum / month – Order through Quill.com
- 4) Sector Meetings – Minimum of 6 meetings annually
- 5) Mileage - .57.5 cents / mile effective January 1, 2020
- 6) Parking / Tolls
- 7) Lodging
- 8) Per Diem - \$65 / overnight
- 9) Bereavement - \$125 Floral –or- \$100 Charitable Donation –or- \$75 Fruit Basket
** Active Members who pass, Bereavement Floral Arrangement is \$250 per motion passed 7/10/19
- 10) Hospitalization - \$75 Floral –or- \$75 Fruit Basket for non-elective, in-patient procedure
- 11) New Baby Award - \$25 gift card for birth / adoption of a member's baby

- When writing the check:
 - Two signatures are required
 - Do not sign a check written to yourself - have two other authorized signatories sign it
 - Never make checks payable to Cash
 - For each check written, be sure to have itemized receipt(s), phone bill if reimbursing phone charges, and/or expense vouchers signed by the member if (s)he was reimbursed for mileage
 - Fill in memo line with a short description of what the check was written for
 - Make a copy of the signed check and attach to corresponding receipt(s) / documentation
- Get a receipt that shows:
 - **Sales tax** was charged
 - **Details of purchase**
 - **Business name, address and phone number.** In the case of a hand-written receipt, have vendor write their business name, address & phone number or attach a business card.
- Do not make deposits into the sector checking account. All deposits should be forwarded to the Albany Office for processing.
- ❖ Submit a Monthly Sector Reimbursement Form each month with receipts and all other required documentation. All expenses must be submitted monthly and year-end expenditures must be submitted by January 3rd of the following year.
 - We recommend using the NYSCOPBA website to submit your sector's paperwork electronically at www.nyscopba.org/stewards or you may submit the documentation:
 - via email to AccountingStaff@nyscopba.org
 - via fax to (518) 426-1635
 - via regular US mail to: NYSCOPBA
102 Hackett Blvd
Albany, NY 12209
- ❖ We will review the reimbursement packet for fully documented expenses and credit your sector's account electronically. A sector statement will be sent once a month for your review and so we can address any questions or concerns.
If you have any questions about sector funding or reimbursement procedures, please feel free to call NYSCOPBA's Accounting Department at:

(518) 427-1551 or (888) 484-7279 Frank Gilbo Ext 240 Kayla Manning Ext 241 Nicole Pascuzzi Ext 249

Sector Funds

The sector bank account is to be used exclusively for authorized sector fund expenditures and reimbursements.

Sales Tax

NYSCOPBA is not exempt from paying sales tax. If you are paying for a purchase out of your sector's checkbook, you must include sales tax.

Please be sure sales tax is clearly indicated on your receipt

Although we are exempt from paying income tax, we must pay the sales tax on all purchases.

Sector Funding Procedures for Steward Changes

(i.e: new Chief Sector Steward and/or Sector Treasurer)

In the event there is a change in Chief Sector Steward, Sector Treasurer or other Stewards authorized to sign checks, NYSCOPBA's Accounting Department must be notified promptly.

The Sector Funding Agreement should be signed by the Chief Sector Steward and Treasurer, notarized and sent to NYSCOPBA's Accounting Department.

The Key Bank Business Non-Personal Signature Card form should be signed by all stewards authorized to sign sector checks (not just the new signatories) and sent to NYSCOPBA's Accounting Department.

New check signers can not sign checks until forms are completed and sent to the Accounting Department

Both of these forms are available in the back of this manual and on our website.

Ordering New Sector Checks

NYSCOPBA's Accounting Department will place the order for all sector checks. **All outstanding documentation must be submitted prior to receiving new checks.** When you are down to the last 25 checks in the checkbook, please contact Kayla Manning at kmanning@nyscopba.org 518-427-1551 ext 241. The order will be placed and the new checks will be mailed to you within two to three weeks.

Stale Checks

Any checks written but not cashed within 45 days will be voided.

Electronic Check Readers

If an original check is given back at the time of the purchase, you must forward it via US Mail to NYSCOPBA's Accounting Department.

- i.e. payment is put through a check reader at places such as Walmart and given back to the account holder at the time of purchase
-

Routine Union Expenditures

NYSCOPBA reimburses the sector for expenses that are incurred while conducting legitimate business for the organization. Documentation for each check written **must be submitted monthly** and year-end expenditures must be submitted by January 3rd of the following year. The following is a list of routine union expenditures:

See details of the routine union expenses on pages 5 – 8

- 1) Telephone/Internet – Up to \$40 Telephone/ \$100 internet - per sector per month
- 2) Postage
- 3) Office Supplies - \$125 maximum / month – Order through Quill.com
- 4) Sector Meetings – Minimum of 6 meetings annually
- 5) Mileage - .57.5 cents / mile effective January 2019
- 6) Parking / Tolls
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*****Any other expenditure requires a Purchase Requisition Form to be filled out. This must be submitted to the Accounting Department for approval prior to making the purchase*****

Purchase Requisitions

If you have a request that does not fall in any of the 12 routine union expenditure categories that are listed above, you will need to submit your request to the NYSCOPBA Treasurer for approval prior to writing the check. This may be done on a Purchase Requisition Form. Blank forms are available in the back of this manual and on our website.

Fill in the Purchase Requisition Form and do one of the following:

- Fax to (518) 426-1635
- Email to AccountingStaff@nyscopba.org
- Mail to NYSCOPBA

ATTN: Accounting Dept
102 Hackett Blvd
Albany NY 12209

It will be reviewed by the NYSCOPBA Treasurer. We will notify you of the approval or denial. Please let us know whether you want the reply via mail, phone, fax or e-mail.

REIMBURSING ROUTINE UNION EXPENSES:

1. Telephone / Internet:

➤ Telephone bills

NYSCOPBA will reimburse union-related business calls up to \$40 per month per sector for charges incurred on one cell phone line or one personal land line.

If the land line is located in the facility's union office, the above stated limit does not apply and the full amount due will be reimbursed.

It is the sector's responsibility to be sure that the facility phone is secured for use for union-related business only.

The sector should submit a Purchase Requisition if a phone is needed.

The sector should submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and attach the phone bill page showing the summarized charges.

➤ Internet bills

NYSCOPBA will reimburse up to \$100 on one internet bill per month per sector. In the case of an "all-in-one" bundle (ie: phone + internet + cable), reimbursement will be prorated to include only the internet portion.

The sector should submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and attach the internet bill as documentation.

2. Postage:

- NYSCOPBA will reimburse receipted postage expenses for union-related business. The sector can purchase the postage directly with a sector check and then submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and the itemized receipt(s).

3. Office Supplies:

This should **not** be reimbursed through the sector – Payments will be made directly from the NYSCOPBA Albany Office

- Sectors will use Quill.com **exclusively** for office supply purchases. Payments to Quill.com will be made directly from the NYSCOPBA Albany office. Each Sector will have one account to access for purchases up to \$125 per month.

If at any time additional supplies are needed above the \$125 per month limit, a purchase requisition form must be filled out and pre-authorization from the NYSCOPBA Executive Treasurer must be given to allow for the additional purchase.

Office supplies include, but are not limited to:

- pens, paper, ink for printer
- retirement medallions / nameplates for plaques in the QWL for retired members (maximum reimbursement is \$15 per member's plaque)

REIMBURSING ROUTINE UNION EXPENSES (Continued):

4. Sector meeting expenditures :

- NYSOPBA will reimburse for receipted Union meeting expenses:

Sector meeting expenses should be consistent with the guidelines for refreshments provided to the general membership at a Union meeting.

Expensive meals at local restaurants are not in the spirit of this guideline.

The NYSOPBA constitution calls for a minimum of 6 sector meetings annually.

The sector should make the purchase, then submit for reimbursement by including a signed copy of the check with the Monthly Sector Reimbursement Form and itemized receipt(s).

*****IMPORTANT REMINDERS*****

- ✓ **Sales Tax** - Please be sure sales tax is charged and noted on the receipt
- ✓ **Details of Purchase** - If the items on the receipt are unclear, write it on the back of the receipt
- ✓ **Vendor Information** - If a receipt does not show the company name, address and / or phone number, have the vendor write in on the receipt or attach a business card

5. Automobile mileage:

- NYSOPBA will reimburse for mileage at the IRS standard mileage rate if a member utilizes his/her own personal vehicle for official union business.
 - “Official Union Business” means the member’s presence is required for duties in his/her capacity as a steward.
 - Only one steward per meeting is eligible for mileage reimbursement. In addition, a steward is only eligible for reimbursement if the meeting is held on his / her day off.
 - Voluntary, routine attendance at membership meetings or other sector functions do not qualify for mileage reimbursement or any other type of reimbursement.

The member should submit a signed expense voucher and include the miles driven and the reason for the mileage (to where, for what).

The sector should then write a check to the member and submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and the member’s signed expense voucher.

Make sure the member notifies your Vice-President before traveling for prior approval. This also facilitates your regional representative with the knowledge of possible situations where a member may need representation.

REIMBURSING ROUTINE UNION EXPENSES (Continued):

6. Parking & tolls:

- NYSCOPBA will reimburse members who incur parking or toll expenditures while traveling on official union business. (Also see Automobile Mileage)
The Sector should write a check to the member and submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and the member's signed expense voucher with toll receipt(s) / EZ-Pass statement attached.

7. Lodging:

- NYSCOPBA will reimburse lodging expenses when a member is on official union business and must stay overnight away from home.
The sector should write a check to the member and submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and the member's signed expense voucher with their lodging receipt attached.

8. Overnight Per Diem:

- NYSCOPBA will reimburse a member \$65 per night if (s) he is on official union business and must stay overnight away from home.
The sector should write a check to the member and submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and the member's signed expense voucher with the lodging receipt attached.

9. Bereavement expenditures:

- NYSCOPBA will reimburse for either a floral arrangement or a sympathy food basket or a charitable donation sent on behalf of a current member or Retiree Chapter member in the event that someone in their immediate family passes away. The choice of what to send will be made by the sector.

Immediate Family is defined as the member's spouse, child, step-child, parent, grandparent, brother, sister, aunt, uncle, parent-in-law, brother-in-law, sister-in-law, grandchild or any person living in the employee's household

Allowable expenditures are:

- **\$250** max, including all taxes and fees, for a **Floral Arrangement for ACTIVE MEMBER**
- **\$125** max, including all taxes and fees, for a **Floral Arrangement**
- **\$75** max, including all taxes and fees, for a **Fruit / Sympathy Basket**
- **\$100** max, for Charitable Donation
 - A charitable donation must be made payable directly to the organization and not to an individual (i.e.: Cancer Society, American Heart Association, a volunteer ambulance corps, etc.)

The sector will make the purchase or send the charitable donation and then will be reimbursed for properly documented bereavement expenses up to the above stated limits. The sector should submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and a receipt showing:

- What was purchased
- Date
- On behalf of what member
- The relationship to the deceased

The sector may also choose to purchase sympathy cards to mail to members and submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and itemized receipt(s).

REIMBURSING ROUTINE UNION EXPENSES (Continued):

10. Hospitalized Member:

- In the event a member is hospitalized for an in-patient non-elective procedure, the sector may send a floral arrangement or fruit basket. The limit on this expenditure is \$75, including all taxes and fees.

The sector will make the purchase and then will be reimbursed for properly documented expenses up to the above stated limit. The sector should submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and a receipt notating it was for a hospitalized member and show:

- What was purchased
- Date
- On behalf of what member

11. NYSCOPBA member memorial expenditures:

- In the event that a current member or Retiree Chapter member passes away, the sector may send a floral arrangement or fruit basket or donation on behalf of the deceased. The limit on this expenditure is \$150, including all taxes and fees.

The sector may also purchase a memorial plaque or shadowbox for an additional \$150, including all taxes and fees.

The sector will make the purchase and will be reimbursed for properly documented expenses up to the above stated limits. The sector should submit for reimbursement by including a copy of the signed check with the Monthly Sector Reimbursement Form and a receipt showing:

- What was purchased
- Date
- On behalf of what member

12. New Baby Award:

This should **not** be reimbursed through the sector - The gift card will be distributed directly from the NYSCOPBA Albany Office

- In the event a member or member's spouse has a new baby or adopts a child, a \$25 gift card is available
To be eligible, the member must be in good standing.

A New Baby Award application must be filled out by the member within one year of the birth or adoption of the baby and the CSS or Treasurer should verify the birth using the child's birth certificate or birth announcement.

The sector should submit the completed New Baby Award application to the NYSCOPBA Accounting Department. Upon approval of the application, the gift card will be mailed directly from the NYSCOPBA Albany Office to the member's mailing address.

Special Sector Funding

To apply for this program, the Chief Sector Steward or Sector Treasurer should submit a **Special Sector Funding Motion** (motion sheet available on the next page of this manual and on our website) to NYSCOPBA's Accounting Department, Attn: Kayla Manning.

Special Sector Funding money is for special projects which benefit that sector's members and / or their community
(i.e.: Retirement Parties, Summer Barbecues, Christmas Parties, Sponsorships, Community Projects, Charitable Donations, etc.)

- ❖ Each sector is allotted \$34 per member per year. This money does not come out of routine sector funding.
- ❖ Special Sector Funding money cannot be spent on political endorsements or illegal or unlawful activity.
- ❖ Each sector's allotted funds are determined once annually. The membership number comes from the State Comptroller's Office. The applications may be submitted at any time during the year.
- ❖ A Special Sector Funding Motion must be submitted in a timely manner to NYSCOPBA's Accounting Department via email, mail, fax, or online using NYSCOPBA's website.
- ❖ A copy of the meeting minutes authorizing the use of the funds for the stated purpose should be attached to the motion sheet.
 - The motion must follow parliamentary procedure (i.e.: Robert's Rules of Order) and is required to show:
 - 1) by whom the motion was made
 - 2) by whom the motion was seconded
 - 3) The dollar amount
 - 4) the results of the vote tally
 - If a quorum (10% of the sector membership) was not met the minutes must be posted for 30 days and approved at the next month's meeting.
(The minutes from both months would need to be submitted in this case)
- ❖ The Special Sector funds will be electronically deposited into the sector bank account and an email confirmation will be sent to the Sector Treasurer and Chief notifying them when they may write the check.
- ❖ **Receipts from Special Sector Funding must be submitted to NYSCOPBA's Accounting Department, Attn: Kayla Manning, within two weeks following the event. Any unspent monies will be refunded electronically back into the account.**



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd., Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



Special Sector Funding Motion

Motion:

FACILITY:

Maker: _____ **Seconded by:** _____ **Amount:** _____ **Date:** _____

How Many Members Voted: Yes ____ No ____ Abstain ____

Did motion pass? Yes ____ No ____

If Quorum was not met the minutes must be posted for 30 days

❖ *10% of the sector membership is required to constitute a quorum. In the event that a quorum does not exist the meeting minutes should be posted for 30 days and approved at the next month's meeting.*

2nd meeting date _____ - Did motion pass? Yes ____ No ____

Attach this motion sheet to monthly minutes and submit in a timely manner to the NYSCOPBA Accounting Department via email, fax, mail or online at NYSCOPBA website.

Catastrophic Assistance

To apply for this assistance, a Sector Steward should submit a **Catastrophic Application** (form available in the back of this manual and on our website) to their regional Vice President or Business Agent within one year of the catastrophic event.

NYSCOPBA has approved a Catastrophic Program to assist members and their immediate families in their time of need. This program is available to all active, in good standing, members of the Bargaining Unit, excluding retirees.

Qualified recipients will receive \$750 for assistance out of the established fund.

To be eligible, member's request for Catastrophic Assistance must meet one of the following criteria:

- 1) Severe damage, with documentation, to primary residence
- 2) Terminal illness or death of member, member's spouse, domestic partner or child

In Addition:

- Any second-time request requires Executive Board approval
- Limit two applications for any illness
- Applications must be submitted within one year of the catastrophic event

The Catastrophic Application must be completed by an elected Steward from the facility in which the member works within one year of the catastrophic event and forwarded to their Regional Vice President or Business Agent for approval.

The Catastrophic funds will be electronically deposited into the Sector bank account and an email confirmation will be sent to the Sector Treasurer and Chief to notify them when they may write the check.

Honor Guard / Color Guard Expenses

NYSCOPBA appreciates its members who are involved in the Honor Guard / Color Guard which covers funeral services for NYSCOPBA members. As such, NYSCOPBA will reimburse the sector for refreshments provided to the Honor Guard / Color Guard members.

The sector should write the check and then include a copy of the signed check with their Monthly Sector Reimbursement Form and itemized receipt(s).

This expense should be listed under the Bereavement category on the Reimbursement Form, and the sector should note "color guard refreshments for (member's name) funeral/wake".

OTHER PUBLIC RELATIONS PROGRAMS

Health Fair/Employment Fairs

- Money is available to sectors for flu shots, information booths at Health Fairs, etc.
-

Membership Retirement Awards

- A Sector Steward should send a fully completed Retirement Application to Bill Naylor by fax or mail. For the Retirement application and guidelines please visit the NYSCOPBA website.
-

Valor Awards

- This program has been established to recognize members who have exhibited excellence above and beyond the call of duty, both on and off the job. Stewards should work with their Regional Vice President to ensure recognition at an Executive Assembly.
-

Scholarships

- A one-time Scholarship Award is available for dependents of NYSCOPBA members who meet the criteria. For the Scholarship application and guidelines please visit the NYSCOPBA website.
-

Regional Public Relations

- Funds are available through each Region for Public Relations. A Sector Steward should submit the request in writing to their Regional Vice President for approval prior to issuing funds.
-

Sector Level Public Relations Donation Form

- A Sector Steward should submit this form to notify NYSCOPBA's PR Dept. of any donations being made at the sector level. It can be submitted on the website or via fax, email or mail, Attention: James Miller.
-

SUBMITTING FOR SECTOR REIMBURSEMENT

Once a month the Sector Treasurer or Chief Sector Steward must submit a Monthly Sector Reimbursement Form with all required documentation to NYSCOPBA's Accounting Department.

We recommend submitting documentation using the
NYSCOPBA website:

www.nyscopba.org/stewards

Once we receive your documentation via electronic submission, you will receive email confirmation. If you do not get confirmation within 72 hours please contact Kayla Manning at kmanning@nyscopba.org or 518-427-1551 Ext 241

Or you may choose to send the documentation:

- via email to AccountingStaff@nyscopba.org
- via fax to (518) 426-1635
- via regular US mail to:
NYSCOPBA
102 Hackett Blvd
Albany, NY 12209

- ❖ If you choose to submit your sector reimbursement online using the NYSCOPBA website, complete the online form and attach all required documentation by scanning and then uploading the electronic file where indicated.
- ❖ If you choose one of the other options to submit your sector reimbursement paperwork, complete the Monthly Sector Reimbursement Form by filling in one check per column – Put the check number in top box and the check amount in bottom box. (An example is shown on page 19 of this manual)
- ❖ If an original check is given back at the time of the purchase, you must forward it via US Mail to NYSCOPBA's Accounting Department.
 - i.e. payment is put through a check reader at places such as Walmart and given back to the account holder at the time of purchase
- ❖ Attach all required documentation for each check written, along with a copy of the signed check
- ❖ A copy of each document submitted should be kept for your records. If sending electronically, retain the documentation for at least 1 year after submission.
- ❖ We will review the documents and process the reimbursement for all fully documented expenses. We will credit your account electronically and notify you of any additional information needed.

Dues Refund for Active Military Members

*****This should not be reimbursed through the sector*****

NYSCOPBA will reimburse the union dues of members who are actively deployed. To be reimbursed, members who are actively deployed should submit copies of their pay stubs to NYSCOPBA's Accounting Department with a To/From listing date of active deployment and requesting a refund of the dues. A check will be sent to the member directly from the NYSCOPBA Albany Office.

Steward Training Reimbursement

*****This should not be reimbursed through the sector*****

Stewards are eligible for a \$100 stipend along with mileage and per diem reimbursement, where applicable, for each day of Steward / Treasury Training.

NYSCOPBA offers several training dates at once in order to accommodate stewards' varied schedules and RDO's.

To be reimbursed, a Steward Training reimbursement form should be completed and signed by the member and submitted to NYSCOPBA's Treasurer on the day of training.

Executive Assembly Expenses

*****Executive Assembly expenses should not be reimbursed through the sector*****

Per the Constitution, the Executive Assembly is made up of the Executive Board and (acting) Chief Sector Stewards representing each of the Sectors; therefore, only those members are due reimbursement for expenses related to the EA.

Other members may attend the Executive Assembly but their expenses are not reimbursable. This was approved at the January 2001 Executive Assembly.

Policy for Documents

Any requests for NYSCOPBA's financial records that are to be reviewed or requested are to be put in writing and only reviewed at NYSCOPBA Headquarters located in Albany, NY. All requests for documents must stipulate to the Treasurer which documents are being reviewed.

License Agreements

Any equipment purchased with NYSCOPBA's funds is NYSCOPBA property. As such, we require that the Chief Sector Steward, as representative of the NYSCOPBA sector, sign a License Agreement.

The License Agreement is a form that states that the equipment belongs to NYSCOPBA and is needed for use by the Sector. It is expected that, except for routine wear and tear, the equipment will be reasonably maintained. NYSCOPBA recognizes when the equipment is located in the sector's Union Office, the Chief Sector Steward cannot constantly monitor it. However, NYSCOPBA does expect the Chief Sector Steward takes reasonable precautions to ensure the integrity of the equipment, to report any problems to NYSCOPBA and to return it to NYSCOPBA, if and when it is requested.



New York State Correctional Officers & Police Benevolent Association, Inc

Veterans Committee

Mid-Hudson Satellite Office

21 North Plank Road Newburgh, NY 12250

Office: 845-563-8704

Fax: 845-569-9077

Veterans Committee Chairman: Joe Porcaro

Cell: 518-441-2036



August 17, 2006

VETERANS COMMITTEE POLICY

GRAVE MARKERS: The Veterans Committee has created grave markers to be presented to the families of NYSCOPBA members who are veterans of the Armed Forces of the United States and pass away during their active NYSCOPBA career.

Procedure for requesting grave markers:

1. The Chief Sector Steward of the qualifying member's sector will verify the member was a veteran by checking with facility records or by obtaining a copy of the member's DD214 from his/her family.
2. The Chief Sector Steward submits a request, in writing, to the Regional Vice President.
3. The Chief Sector Steward or his/her designee will present the grave marker to the deceased member's family prior to funeral services. If this is not possible, the Regional Vice President will mail the grave marker to the deceased member's family to the address provided by the sector.
4. The Regional Vice President will forward a copy of all verified requests for grave markers to the Veterans Committee at the above address.

NOTE: the Veterans Committee wishes to extend this benefit to any member's family for any veteran member who has passed away since the inception of NYSCOPBA. Verification of service for these members will require receipt of a copy of the deceased member's DD214 which the Chief Sector Steward may obtain from the member's family. The DD214 should be forwarded to the Regional Vice President, along with the current mailing address of the family receiving the marker.



FORMS

These are the forms to use for Sector Funding and Reimbursements.

Please throw out the old form copies you may have since some have been updated.

These forms are also available on NYSCOPBA's website on the Stewards page as well as the Treasurers page. Go to www.nyscopba.org/stewards and the list is under Treasury Forms.

- Expense Voucher
- Monthly Sector Reimbursement Form
- Example of Completed Reimbursement Form
- Purchase Requisition Form
- Steward Training Reimbursement Form
- Special Sector Funding Motion
- Thank You Letter Request Form
- Sector Funding Agreement
- KeyBank Business Non-Personal Signature Card
- New Baby Award Application
- Catastrophic Policy
- Catastrophic Assistance Application
- Sector Public Relations Donation Form (to notify NYSCOPBA's P.R. Dept.)

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New York State Correctional Officers & Police Benevolent Association, Inc.

(888) 484-7279 102 Hackett Blvd., Albany, NY 12209 (518) 427-1551 Fax: (518) 426-1635



**** DENOTES FIELDS THAT MUST BE COMPLETED ****

12/14/2018

Required Date(s)	Miles Driven (\$0.575/mile)	Per Diem (\$65/overnight)	Parking & Tolls	Telephone / Internet	Other (Attach Receipt)	**Required** Description of Activities (Starting point - Ending point - Purpose of travel)
Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

PLEASE PRINT CLEARLY

****ANY MISSING AND OR ILLEGIBLE INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR REIMBURSEMENT****

****Name & Address (Street Address Required)**:**

**Employee / Member Signature **	**Facility **	Approved	Reimbursement Total	\$0.00
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***** By Signing you are acknowledging all of the information contained herein is true and accurate *****



**New York State Correctional Officers
& Police Benevolent Association**
 102 Hackett Blvd. - Albany, NY 12209
 (518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



MONTHLY SECTOR REIMBURSEMENT FORM

(NOTE: Submit Receipts With This Form)

SECTOR CHECK NUMBER	Check #	Check #	Check #	Check #	Check #	Check #	Check #	Check #	Check #	Check #
BEREAVEMENT										
HOSPITALIZATION										
MILEAGE (use IRS Standard Mileage Rate)										
PARKING/TOLLS										
PER DIEM										
POSTAGE										
SECTOR MEETING EXPENSES										
PHONE (\$40 max per month) / INTERNET (\$100 max per month)										
OTHER (Give explanation in space provided below)										
SECTOR CHECK TOTAL										

NOTES: (use this space to give details of expenses not included in the above categories. (i.e. Special Sector Funding))

Name: _____ **Signature:** _____ **Sector:** _____ **Date:** _____
 (Treasurer or Chief Sector Steward)



**New York State Correctional Officers
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102 Hackett Blvd. - Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



MONTHLY SECTOR REIMBURSEMENT FORM

(NOTE: Submit Receipts With This Form)

SECTOR CHECK NUMBER	Check # 856	Check # 857	Check # 858	Check # 859	Check # 860	Check # 861	Check # 862	Check # 863	Check #	Check #
BEREAVEMENT	\$125									
HOSPITALIZATION	\$75									
MILEAGE (use IRS Standard Mileage Rate)	**Attach Detailed					\$107				
PARKING/TOLLS	Invoice or Receipt**					\$5.50				
PER DIEM						**Attach Signed				
POSTAGE					\$9.60	Expense Voucher & Toll Receipt(s)**				
SECTOR MEETING EXPENSES		\$256.77			**Attach Itemized Receipt**			**Attach Internet Bill**		
PHONE (\$40 max per month) / INTERNET (\$100 max per month)		**Attach Itemized Receipt**	**Give	\$40 **Attach Phone Bill**			**Give	\$100		
OTHER (Give explanation in space provided below)			Explanation Below** \$150				Explanation Below** \$750			
SECTOR CHECK TOTAL	\$200	\$256.77	\$150	\$40	\$9.60	\$112.50	\$750	\$100		

NOTES: (use this space to give details of expenses not included in the above categories. (i.e. Special Sector Funding))

CHECK 858 - SSF - LOCAL FOOD PANTRY (MOTION DATED JANUARY 17, 2017)

CHECK 862 - CATASTROPHIC - ANNE SMITH

Name: SAM JONES
(Treasurer or Chief Sector Steward)

Signature: *Sam Jones*

Sector: FACILITY NAME

Date: TODAY'S DATE



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PURCHASE REQUISITION FORM

Use This Form to Request Approval Prior to Purchase
of Items Not on the Sector Funding Agreement.
Mail or fax to Accounting Department. Fax # (518) 426-1635

Goods or Services Requested	Stated Union Purpose	Price (if known)

Name _____ Signature _____ Date _____
(Print)

Sector _____ Approved _____ Date _____



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd Albany, NY 12209



Phone #: (888) 484-7279 Email: AccountingStaff@nyscopba.org Fax #: (518) 426-1635

STEWARD TRAINING REIMBURSEMENT FORM

Submit to NYSCOPBA Treasurer

**** DENOTES REQUIRED INFORMATION ****

Date of Training	**Miles Driven** (\$0.545/mile)	Tolls & Parking (attach receipt)	Per Diem (\$65/overnight)	Training Stipend (\$100 / day of training)	**Starting Location** & **Training Location** (i.e. home, facility, etc)
Totals	\$ -	\$ -	\$ -	\$ -	Reimbursement Total \$0.00

****ANY MISSING AND OR ILLEGIBLE INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR REIMBURSEMENT****

****Name (Please Print)**** _____ ****Physical Street Address**** _____ ****City**** _____ ****State / Zip**** _____

PLEASE PRINT CLEARLY

Mailing Address (if different from physical address):

****Employee / Member Signature****

Approved

****Facility****

Comments:



New York State Correctional Officers & Police Benevolent Association, Inc.

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Special Sector Funding Motion

Motion:

FACILITY: _____

Maker: _____ **Seconded by:** _____ **Amount:** _____ **Date:** _____

How Many Members Voted: Yes ____ No ____ Abstain ____

Did motion pass? Yes ____ No ____

If Quorum was not met the minutes must be posted for 30 days

❖ *10% of the sector membership is required to constitute a quorum. In the event that a quorum does not exist the meeting minutes should be posted for 30 days and approved at the next month's meeting.*

2nd meeting date _____ Did motion pass? Yes ____ No ____

Attach this motion sheet to monthly minutes and submit in a timely manner to the NYSCOPBA Accounting Department via email, fax, mail or online at NYSCOPBA website.



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ACKNOWLEDGMENT REQUEST FORM

Today's Date: _____

Recipient

Organization Name: _____

Address: _____

To Whom It May Concern:

Enclosed is a check in the amount of \$ _____ made payable to

_____ for

(reason for donation / sponsorship)

Please send a Letter of Acknowledgment* to:

New York State Correctional Officers & PBA, Inc.

Facility: _____

Name: _____

Address: _____

City: _____

State / Zip Code: _____

Additional Notes:

(*Acknowledgment letters must be written on the letterhead of the organization the funds were intended for)



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When there is a change in Chief Sector Steward or Sector Treasurer, this form must be completed and notarized. Please send completed forms to the Albany Office, Attention Accounting. If you have any questions or if you need a copy of the Sector Funds Reimbursement Procedure Manual, please contact us.

SECTOR FUNDING AGREEMENT

We, the undersigned, in recognizing our responsibility to the membership of the Association, agree that all funds in our Sector Treasury will be expended on legitimate union activity. The following is a list of legitimate union expenditures in accordance with the Central Treasury Funding Policy. The Sector Funds Reimbursement Procedures gives the details of these expenditures and we acknowledge receipt of the procedures booklet.

- 1) Telephone/Internet – Up to \$40 Telephone/ \$100 internet - per sector per month
- 2) Postage
- 3) Office Supplies - \$125 maximum / month – Order through Quill.com
- 4) Sector Meetings – Minimum of 6 meetings annually
- 5) Mileage - .58 cents / mile effective January 2019
- 6) Parking / Tolls
- 7) Lodging
- 8) Per Diem - \$65 / overnight effective October 1, 2018
- 9) Bereavement - \$125 Floral –or- \$100 Charitable Donation –or- \$75 Fruit Basket
- 10) Hospitalization - \$75 Floral –or- \$75 Fruit Basket for non-elective, in-patient procedure
- 11) Member Memorial - \$150 Floral – Fruit Basket – Plaques – Shadow Box
- 12) New Baby Award - \$25 Gift Card for birth / adoption of a member’s baby

All checks drawn from the Sector checking account will require **two signatures**. The signature of the Chief Sector Steward and the Sector Treasurer must be listed on the bank signature card; Other Stewards may be added as additional signatories. A copy of the bank signature card designating signatories will be forwarded to the NYSCOPBA Treasurer any time changes are made. Further, we understand that in order to be reimbursed by the Association for such expenditures, we must submit a Sector Reimbursement paperwork monthly with all documentation, including itemized receipts, to the NYSCOPBA Treasurer.

CHIEF SECTOR STEWARD

SECTOR TREASURER

ADDRESS

ADDRESS

TELEPHONE NUMBER

TELEPHONE NUMBER

NOTARY PUBLIC

SECTOR NAME

Legal Title of Account NEW YORK STATE CORRECTIONAL OFFICERS & POLICE BENEVOLENT ASSOCIATION, INC.				
SECTOR MASTER CHECKING			Status <input checked="" type="checkbox"/> C - Corporation <input type="checkbox"/> S - Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation Non-Profit <input type="checkbox"/> Organization/Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Public Entity <small>(<input type="checkbox"/> C - Corporation, <input type="checkbox"/> S - Corporation, <input type="checkbox"/> P - Partnership)</small>	
Principal Business Address 102 HACKETT BLVD				
City ALBANY	State NEW YORK	Zip Code 12209	Telephone No. (518) 427-1551	<input checked="" type="checkbox"/> Account Number XXXXXXXX4015
Statement Mailing Address SAME				Sector Name: HOP#
City	State	Zip Code	Telephone No.	<input type="checkbox"/> New Signature Card <input type="checkbox"/> Replace previous Signature Card
Designated Signer's Name *	US Citizen (Y/N)	Title	TIN or SSN	Signature

* If this entity has additional Designated Signers enter Signer's information on page 2 and check here

By signing below, the client listed above ("Client") authorizes KeyBank National Association ("KeyBank"), at its discretion, to open one or more business or non-personal accounts owned by the Client with the same Account Title listed above and with the same Designated Signers listed above, and upon receipt of electronic, written or oral instructions from the Client without obtaining an additional Signature Card ("Account" or "Accounts"). Accounts opened hereunder are listed above and on Exhibit A attached hereto and made a part hereof, as such Exhibit may be amended or supplemented by the Client from time to time. Addition of a new account to Exhibit A shall be effective only upon receipt by KeyBank of a new Exhibit A in a form acceptable to KeyBank in its sole discretion. The Client acknowledges and agrees that all Accounts opened under this Signature Card are governed by the terms and conditions of the Deposit Account Agreement and Funds Availability Policy ("Agreement") and Disclosures governing the Accounts. KeyBank may change the Agreement at any time. By signing below, Client acknowledges receipt of the Agreement and Disclosures.

The Client authorizes KeyBank to operate all current and future Accounts opened under this Signature Card. The authority to operate each Account includes: (i) to act upon instructions from any of the designated signers to deposit, withdraw or transfer funds to or from any other accounts at the Bank when opening new accounts; (ii) to recognize and honor the signature of any of the designated signers on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds, including transfers to KeyBank or to third parties; and (iii) to act upon instructions from any Designated Signer for the transaction of any business on any Accounts covered by this Signature Card. KeyBank may rely on this authorization for the Accounts opened under this Signature Card until KeyBank receives written notice revoking the authorization and has reasonable time to act upon it. Until such notice is actually received, the authority conferred herein to the Designated Signers noted below shall remain in full force and effect and KeyBank shall be indemnified and saved harmless from any loss suffered or liability incurred by it in pursuance of this Authorization.

Attention New Customer: The information provided by the Client to open a new Account is subject to review and verification. KeyBank reserves the right to close the Account in the event KeyBank is unable to verify, to its satisfaction, the information that Client has provided.

The undersigned certifies that the above are the true and genuine signatures of authorized signer(s) with their respective title, authorized to sign for the Entity. Under penalties of perjury, the undersigned certifies that (1) the number shown on this form is the Entity's correct taxpayer or employer identification number (or the Entity is waiting for a number to be issued), and (2) the Entity is not subject to backup withholding because: (a) the Entity is exempt from backup withholding, or (b) the Entity has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Entity that it is no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person (defined below).

- Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien.
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
 - An estate (other than a foreign estate), or
 - A domestic trust (as defined in Regulations section 301.7701-7).

The undersigned must cross out item (2) above if the Entity has been notified by the IRS that it is currently subject to backup withholding because of underreporting interest or dividends on its tax return.

Tax Identification No. _____ Title for Legal Owner of TIN _____

Refer to the list of payees exempt from backup withholding and for which no information reporting is required. If this Entity is exempt from backup withholding and information reporting under IRS regulations, enter your correct TIN in the previous section and check here: If you are a foreign person, cross out above certification section and U.S. Person on the line under your signature below. Complete the appropriate Form W-8.



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New Baby Award Application

In the event a member or member's spouse has a new baby or adopts a child, a \$25 gift card will be awarded. To be eligible, the member must be in good standing. In order to receive the gift card, the member should complete the application within one year of the birth or adoption of the child and present a copy of the child's birth certificate or birth announcement to the facility Chief or Treasurer.

Member / Child Information
(To be filled in by the Member)

Member's Name _____

Facility _____

Child's Name _____

Child's Date of Birth _____

Was this child adopted? Yes_____ No_____ If yes, Date of Adoption was:_____

I am requesting a \$25 New Baby Award for the birth / adoption of my child
Applications must be submitted within one year of the birth / adoption of this child

By signing below, I verify that the above information is valid and that I have not previously received a New Baby Award from NYSCOPBA for this child.

Member's Signature: _____ Date: _____

Mailing Address: _____

SECTOR INFORMATION

(to be filled in by Chief Sector Steward or Treasurer)

By signing here, I verify that the above information is correct and the birth / adoption has been verified using the child's birth certificate.

Steward Completing Form _____ / _____
 (Print) (Sign)

****Send the completed application to the Albany Office by either by email, fax or mail****
(The \$25 gift card will be sent directly from the NYSCOPBA Albany office to the member's mailing address)

CATASTROPHIC POLICY

NYSCOPBA has approved a Catastrophic Program to assist members and their immediate families in their time of need. Qualified recipients will receive \$750 out of the established fund.

In order to qualify for this assistance:

1. A member's request for Catastrophic Assistance must be submitted by an elected steward from the facility in which the member works and forwarded to their regional Vice President or Business Agent for approval.
2. A member's request for Catastrophic Assistance must meet one of the following criteria:
 - Severe damage, with documentation, to primary residence
 - Member, member's spouse, domestic partner or child or step child with terminal illness
 - Death of the member, member's spouse, domestic partner, child or step child

In addition:

- With a terminal illness, a second-time catastrophic assistance may be requested upon death of the member, members spouse, domestic partner, child or step child, which does not need additional Executive Board approval
- Limit of two applications for any illness
- Applications must be submitted within one year of the catastrophic event

This program is available to all active, in good standing, members of the Bargaining Unit, excluding retirees.



New York State Correctional Officers & Police Benevolent Association

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Catastrophic Assistance Application

(\$750 available for active members of the Bargaining Unit, in good standing, excluding retirees, who meet the criteria and have the application submitted within one year of the catastrophic event)

Date: _____

Recipient's Name: _____

Recipient's Home Phone #: (_____) _____ - _____

After this is approved, the Sector will be notified when the authorized local Sector representatives can write the check. (If for a Sector without a bank account, the check will be processed directly from the Albany office when approved.)

Check should be written payable to: _____

And mailed to this address: _____

Current Facility/Sector: _____ Job Title: _____

Reason for Application: (Must meet one of the criteria: severe damage with documentation to primary residence; terminal illness or death of member, spouse, domestic partner, child or step child)

REFERRING PERSON INFORMATION

Steward Completing Form _____ / _____
(Print) (Sign)

Vice President / Business Agent Approval _____ / _____
(Print) (Sign)

If 2nd request, date of Executive Board approval (motion attached) _____

*Limit two applications for any illness

*Applications must be submitted within one year of the catastrophic event



New York State Correctional Officers & Police Benevolent Association, Inc.

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Sector Public Relations Donation Form

Sector: _____ Region: _____ Steward: _____

Phone: _____ Email: _____

Date: _____ Amount: _____

Organization Donation is for: _____

501c3?
(IRS Designated Charity)

Address of organization: _____

Contact Information (of requesting organization):

Name: _____

Title: _____

Phone: _____

Email: _____

Purpose of NYSCOPBA funds requested: _____

Is there an event associated with this donation? Yes No

Date and Time of event: _____

Media Coverage for event? Yes No If yes, Contact Info: _____

Send form to NYSCOPBA Public Relations, 102 Hackett Blvd. Albany NY 12209, fax to 518.426.1635 or email
jmiller@nyscopba.org. Public Relations Director Jim Miller-518.427.1551 x 230 or 518.469.0379