

Policy: ***Board of Director's Recognition Policy – SSA070***

Policy Title:	Board of Director's Recognition Policy
Policy Coverage:	The Squash Rackets Association of South Australia Board of Directors
Author:	CEO, Finance and Risk Advisory Committee
Date Written:	10/02/2016
Approved:	
Review Date:	01/01/2017

Updates to Policy:

Reviewed:	Nature of Amendment	Update Author(s):

1. Purpose

The purpose of this policy is to recognise the voluntary contribution made by SRASA Board Directors.

The SRASA Board of Directors comprises of the President and up to ten Directors.

All Office Bearer positions are voluntary positions.

2 Context

The policy is an initiative of the Finance and Risk Advisory Committee – Volunteer recognition strategy.

3 Scope

The policy applies to active SRASA Board Directors for the term of their individual appointment.

4 Objectives

The objective of the policy is to offer appreciation to Board Directors in the form of:

- Up to \$250 per calendar year towards Pennant or Competition Membership fees at affiliated Clubs, and
- Up to \$250 per calendar year for meals and beverages at The Southern.

The policy also encourages:

- Board Directors (and their families) to frequent The Southern (SRASA licensed venue)
- Board Directors (and their Families/ Children) to participate at grass roots level and have a presence at local squash and racquetball venues, competitions, programs and/or events.

5 Process

Each Board Director will be issued with a Platinum VIP card in their name for use at The Southern. Purchases will be charged to an account and the cardholder notified of their balance at regular intervals.

To claim reimbursement for squash membership fees, Board Directors must complete an 'Expenditure/Reimbursement Form' (Appendix 1). Reimbursement will be approved by the CEO upon presentation of receipts. Reimbursement will be paid by 'electronic funds transfer' to the bank account nominated on the 'Expenditure/Reimbursement Form'.

6 Policy Review

The Finance and Risk Advisory Committee will review the SRASA Board of Directors Recognition Policy annually.

END.

Appendix 1



Expenditure / Reimbursement Voucher

Payee _____

Date _____

Brief explanation of payment _____

Bank Account Details (to which payment will be transferred)

BSB and Acc No _____

Acc Name _____

Reimbursable expenses	Account Code	Department	GST	Amount
Membership fees	470	Administration	n/a	
Total				

Signed: _____

Approved: _____

Processed: _____

Date: _____