

YOUR EXPENSE CLAIM

For the purpose of claiming expenses, the following information is provided to assist you in completing your EXPENSE CLAIM.

Please complete the claim by writing on the WHITE copy and handing the completed copies to the OFFICE STAFF for payment action. The GREEN copy will be returned with your cheque.

TRANSPORTATION

Where transportation has not been prepaid, delegates may claim transportation costs that are at economy or lower rates as determined by the National President or their designate.

Delegates confronted with supplementary transportation to the airport of departure, such as bus, train or authorized vehicle, should claim the amount and attach receipts where applicable. Enter the amounts in the corresponding boxes. If you are claiming for use of a personal vehicle please indicate the number of kilometres. The current kilometre rate for each province and territory is attached. Please refer to this attachment when completing your expense claim form.

ACCOMMODATION

Your room and tax will be charged to a master account and paid directly by the Component. **You are responsible for any personal charges** which you should pay prior to your departure. Approved accommodation while travelling requires a receipt. When filling out the claim please enter the hotel name, the dates, the number of nights and the amount per hotel. The private accommodation rate is \$50.00 per night.

PER DIEM

When filling out the claim, indicate the number of meals in the boxes under the corresponding region. In the total column multiply the number of meals with the appropriate rate and write in the total.

	<u>CANADA</u>	<u>YK</u>	<u>NWT</u>	<u>NUNAVUT</u>
Breakfast	\$26.00	\$26.00	\$30.00	\$ 32.00
Lunch	26.00	26.00	36.00	38.00
Dinner	62.00	67.00	74.00	99.00
Incidentals	<u>19.00</u>	<u>19.00</u>	<u>19.00</u>	<u>19.00</u>
Total	<u>\$ 133.00</u>	<u>\$138.00</u>	<u>\$159.00</u>	<u>\$188.00</u>

REIMBURSEMENT FOR LOSS OF SALARY

Daily salary may be claimed for each day an actual loss occurs. Reimbursement for Loss of Salary is subject to deductions for C.P.P., E. I. and Income Tax. Income Tax will be deducted at 25% unless otherwise indicated. These deductions will be calculated and the net amount of the claim paid. Copies of the approved leave forms or pay stubs showing loss of salary will assist in the prompt and correct payment of these monies.

Please complete the **Claimant Salary Information form** and **indicate the number of hours/days for which loss of salary has been incurred, without this information we can not reimburse you.** Appropriate forms, T4's, will be mailed by the end of February of next year.

Please keep us informed of changes in your address.

FAMILY CARE

Family care will be paid according to the Family Care Policy. Please complete and submit the Family care expense claim form and indicate this amount in the "Other" section of the claim.