

Trustee Expense Claim Form

All claims must be submitted within 30 days. At year-end, all claims must be submitted by June 30th. Approval of claims will be the responsibility of the Secretary-Treasurer (Policy 132: Trustee Expenses).

Month of Expenses	
_____-TT (Year YYYY) (Month MM)	Please submit <u>one per month</u> of expenses Example: 2019.01-TT for Jan 2019 expenses

Trustee Name:		Trustee Signature:	
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Technology Allowance
Tech Allowance: Months _____ (e.g. Jan-Feb) @ \$50.00/month \$ _____ <i>A technology allowance may be claimed of \$50.00/month for basic cell phone & internet service.</i>

Travel Claim Details		
Reason for Travel: _____		
Car: (must complete mileage detail on p. 2) _____ km @ \$.61/km \$ _____ <i>Mileage Costs (travel by private vehicle) - may be claimed as per current CRA rates, and if in lieu of air travel, the maximum amount claimable is limited to the cost of economy air fare between points travelled, when air travel is available and practical.</i>		
Air: (attach receipts) <i>Air travel is limited to economy class.</i> \$ _____		
Other: taxi, etc. (attach receipts) \$ _____		
Accommodation: (attach receipts - less personal items) \$ _____ <i>Hotel - claim the actual cost of the hotel/motel Government or conference rate, less any personal items charged. Where private lodging is used in lieu of commercial accommodation, Trustees may claim \$30.00 per diem.</i>		
Meals: <i>Claim per diem rates for meals <u>not</u> provided.</i>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> In District Per Diem: Dates _____ Breakfast @ \$10.00 Dates _____ Lunch @ \$17.00 Dates _____ Dinner @ \$23.00 </td> <td style="width: 50%; border: none;"> Out of District Per Diem: Dates _____ Breakfast @ \$19.10 \$ _____ Dates _____ Lunch @ \$18.90 \$ _____ Dates _____ Dinner @ \$47.35 \$ _____ </td> </tr> </table>	In District Per Diem: Dates _____ Breakfast @ \$10.00 Dates _____ Lunch @ \$17.00 Dates _____ Dinner @ \$23.00	Out of District Per Diem: Dates _____ Breakfast @ \$19.10 \$ _____ Dates _____ Lunch @ \$18.90 \$ _____ Dates _____ Dinner @ \$47.35 \$ _____
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Registration Fee: (attach receipt) \$ _____		
Other Expenses: (attach receipts) _____ \$ _____ _____ \$ _____		
TOTAL: \$ _____		

Please submit with receipts single sided.

Approved for Payment			
G/L Code:			
Approval Signature:		Date:	
Title:			

