Please scan this form and receipts and forward via email to accounting@ataloc55.ab.ca for processing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **School/Worksite** **(or home address if on leave):** |       |
| **Home Phone:** |       | **Local Committee:** |       |
| **Local or Provincial Work (eg Committee Meeting, CBC Conf, LCO Mtg Etc):** |       | **Local or Provincial Work Location:** |       |
| **Dates:** | From:       | To:       | Did you carpool?: Y/N       If so, with whom:       |

***Expenses:***

Note: All requests for reimbursement must be accompanied by original detailed and dated receipts.

**An exchange rate of 1.25 will be used on all USD expenses** (unless documentation is provided to show actual rate incurred (e.g. credit card statement etc.).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | Explanation/Details: | Day 1(please enter date)      | Day 2(please enter date)      | Day 3(please enter date)      | Day 4(please enter date)      | Total Amount | **Office Use Only** |
| Kilometrage (Please remember - only the driver/car owner may claim kilometrage) | From City:      To City:      To City:       | Total Kilometers Roundtrip:       @.68Please calculate kilometrage using Provincial Kilometrage Chart found here: <https://docs.google.com/spreadsheets/d/1fiY2ic-C5dNiGZUHu-CNIXTdWFWzUK_JuTVSeVqD77M/edit?usp=sharing>  |       |  |
| TransportationOther (Uber/Vehicle Rental, Parking etc.) |      (Rental Car/Bus/Train Company etc.) |       |       |       |       |       |  |
| Accommodations |      (Hotel /Motel Name) |       |       |       |       |       |  |
| Meals & Food | If meals are NOT provided by the conference, you are welcome to claim for meal and food expenses. Daily meal maximums reflect PGS daily amounts: In City = $50/day, In-Province $100/day, Out-of-Province: $120 per day. Detailed receipts must be attached and alcoholic beverages are not approved expenses.. |       |       |       |       |       |  |
| Other Exp: |      (Please Explain) |       |       |       |       |       |  |
| Other Exp: |      (Please Explain) |       |       |       |       |       |  |
| **Sub-Total** |       |  |
| **Minus Funds from Other Sources** | (       ) |  |
| **Total Expenses Requested** |       |  |

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| --- |
| **This is to certify that the above funding claims are true and reflect accurate expenses incurred by myself to attended the work on behalf of ata local 55.** |
| DATE: |       |
| SIGNATURE: |       |