Please scan this form and receipts and forward via email to [accounting@ataloc55.ab.ca](mailto: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:       @.68  Please calculate kilometrage using Provincial Kilometrage Chart found here:  <https://docs.google.com/spreadsheets/d/1fiY2ic-C5dNiGZUHu-CNIXTdWFWzUK_JuTVSeVqD77M/edit?usp=sharing> | | | |  |  |
| Transportation  Other  (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** | | | | | |  |  |

|  |  |
| --- | --- |
| **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: |  |