



# EXPENSE CLAIM FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

101-1500 Notre Dame Ave  
Winnipeg, MB R3E 0P9  
772-0425; 1-800-315-3331  
Fax: 775-6829

PLEASE PRINT

**Mileage:**

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_ Kms: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_ Kms: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_ Kms: \_\_\_\_\_

\_\_\_\_\_ x Total Kms: \_\_\_\_\_ TOTAL MILEAGE EXPENSE: \$ \_\_\_\_\_

**Bus/Taxi Fare:**

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

TOTAL BUS/TAXI FARE EXPENSE: \$ \_\_\_\_\_

**Meals:**

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Total Daily Amt: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Total Daily Amt: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Total Daily Amt: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Total Daily Amt: \$ \_\_\_\_\_

TOTAL MEAL EXPENSE: \$ \_\_\_\_\_

**Miscellaneous:**

Item: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

TOTAL MISCELLANEOUS EXPENSE: \$ \_\_\_\_\_

**GRAND TOTAL \$ \_\_\_\_\_**

Date Submitted: \_\_\_\_\_ Claimant's Signature: \_\_\_\_\_

\*\*\* OFFICE USE ONLY \*\*\*

Approved By

Date

Charged To

# MANITOBA ASSOCIATION OF HEALTH CARE PROFESSIONALS

## TRAVEL POLICY

### HOTEL ACCOMODATIONS:

{For Executive, Staff Reps., and Association Membership} travelling on approved business for/of the Association, all itemized hotel and accommodation expenses will be paid as follows;

1. Wherever possible, accommodation charges are to be billed to the Association office. Please contact Heather (Secretary/Receptionist/Clerk) to make arrangements.
2. If not possible to bill, authorized Executive Members may handle the charges by using the Association MasterCard.
3. If option 1 or 2 are not feasible, a Travel Advance may be requested. **This must be done at least 2 weeks prior to the date of departure.**
4. If option 1, 2, or 3 are not feasible, the Association Member, Exec. Member, or Staff Rep. Will pay for the accommodation and submit a reimbursement (**EXPENSE CLAIM**) form with receipts, upon return from the trip.

Those travelling on business sanctioned by the Association are expected to frequent approved, unionized hotels. In Winnipeg, the Association currently utilizes the Clarion Hotel, which are unionized and provide the Association with a discounted rate. In Winnipeg, the maximum reimbursement per night of accommodation in a commercial establishment is \$54.00 unless otherwise authorized by the Executive Director.

### MEAL ACCOMMODATIONS:

<b>SOUTH OF 53</b>		<b>NORTH OF 53</b>	
Breakfast	\$ 6.35	Breakfast	\$ 6.85
Lunch	\$ 8.35	Lunch	\$ 8.80
Dinner	\$15.20	Dinner	\$16.40
Incidentals	\$ 4.00	Incidentals	\$ 4.00

Meals may be billed to the hotel room, or may be claimed for reimbursement with receipts for the actual amount if greater than above.

### AIRFARE:

It is expected that the Association Office will book and pre-pay all authorized air travel. In those rare situations, payment will be reimbursed for authorized travel by air.

Taxi/bus fares etc., will be reimbursed upon submission of **EXPENSE CLAIM** accompanied by paid receipts.

### AUTOMOBILE ALLOWANCE:

Current allowance is \$ .37.4/km South of 53  
\$ .41.8/km North of 53

### CHILD CARE EXPENSES:

Reasonable child care expenses will be reimbursed while a member is on Association business upon submission of **EXPENSE CLAIM FORM**.