



EXPENSE CLAIM FORM

Name: _____ Date: _____

Mailing Address: _____

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

Purpose: _____

PLEASE PRINT

Mileage:

Class G/L

Date: _____ Fr: _____ To: _____ To: _____ Kms: _____

Date: _____ Fr: _____ To: _____ To: _____ Kms: _____

Date: _____ Fr: _____ To: _____ To: _____ Kms: _____

_____ x Total Kms: _____ **TOTAL MILEAGE EXPENSE: \$ _____ 8615**

Bus/Taxi Fare:

Date: _____ Amt: \$ _____ Date: _____ Amt: \$ _____

Date: _____ Amt: \$ _____ Date: _____ Amt: \$ _____

TOTAL BUS/TAXI FARE EXPENSE: \$ _____ 8615

Meals:

Date: _____ Amt: \$ _____ Amt: \$ _____ Amt: \$ _____ Total Amt: \$ _____

Date: _____ Amt: \$ _____ Amt: \$ _____ Amt: \$ _____ Total Amt: \$ _____

Date: _____ Amt: \$ _____ Amt: \$ _____ Amt: \$ _____ Total Amt: \$ _____

Date: _____ Amt: \$ _____ Amt: \$ _____ Amt: \$ _____ Total Amt: \$ _____

TOTAL MEAL EXPENSE: \$ _____ 8620

Miscellaneous:

Item: _____ Amt: \$ _____ Item: _____ Amt: \$ _____

Item: _____ Amt: \$ _____ Item: _____ Amt: \$ _____

Item: _____ Amt: \$ _____ Item: _____ Amt: \$ _____

TOTAL MISCELLANEOUS EXPENSE: \$ _____ 8630

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 the Secretary/Receptionist 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.

MEAL ACCOMMODATIONS:

SOUTH OF 53

Breakfast	\$ 7.35
Lunch	\$ 9.35
Dinner	\$16.20

NORTH OF 53

Breakfast	\$ 7.85
Lunch	\$ 9.85
Dinner	\$17.40

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 \$.420/km south of 53
\$.464/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**.