



CONVENTION EXPENSE CLAIM FORM

This form must be submitted together with the
RECORD OF UNION LEAVE FORM
Please EMAIL both forms to PAYABLE@HSABC.ORG

All receipts are to be attached to this form, please see instructions on back of form or page 2

Vendor ID:

Name: _____ **Member ID#:** _____ **Phone #:** _____ **Ext.#** _____
(Surname) (First Name) (Work Phone)

Home Address: _____
(Street Address) (City) (Postal Code)

Facility: _____ **Region #:** _____ **Discipline:** _____

EVENT: **HSA CONVENTION 2026, Held at Hyatt Regency Hotel, Vancouver BC** **DATE OF EVENT:** _____

Pre-Convention Workshops check attendance **Date of Event:** _____

A. Meal per diems (enter claims below, not applicable when meals provided at the Event)								TOTAL	Additional Information/Adjustments		
Weekday	SUN	MON	TUE	WED	THU	FRI	SAT	Subtotal			
DATE(S):											
BREAKFAST - \$25											
LUNCH - \$30											
DINNER - \$35											
B. Accommodation at Friends or Family (out of town members only) - \$30/night											
								(total # of nights)			
C. Dependent Care - please attach Dependent Care Claim Form											
D. TRAVEL EXPENSES PLEASE INDICATE: by Air by Ferry by Auto by Transit											
<small>(All Travel, including wage replacement will be reimbursed by the most reasonable and least expensive overall)</small>											
Air Travel: Departure date and time: _____				Arrival date and time: _____							
Air Travel: Departure date and time: _____				Arrival date and time: _____							
				<small>(dd-mmm-yyyy)</small>						<small>(dd-mmm-yyyy)</small>	
Ferry and reservation fees: (attach receipt)			FROM: _____		TO: _____						
			FROM: _____		TO: _____						
Mileage: 73 cents/km			FROM: _____		TO: _____		# of KM: _____				
			FROM: _____		TO: _____		# of KM: _____				
							Total KM				
Transit fares:			FROM: _____		TO: _____		(receipts not required)				
			FROM: _____		TO: _____		(receipts not required)				
Parking fees - other than Hyatt parking (attach receipts)											
Other Expenses: (Explain other expenses below and attach receipts)								Other Expenses totals			

TOTAL AMOUNT CLAIMED											

E. Wage Replacement (Enter HOURS below, max 7.5 hours on non-scheduled work days)								
Weekday	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HRS
DATE(S)	April 12	April 13	April 14	April 15	April 16	April 17	April 18	
Scheduled								
Non-Scheduled								

For information purposes only,
Attach your Record of Union Leave form for wage claims

Important: All claims must be received within 90 days of an event or may not be reimbursed.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE INCLUDED ALL THE REQUIRED INFORMATION AND ATTACHED MY RECEIPTS.

Have you attached all your receipts? Yes No _____

MEMBERS SIGNATURE _____ **DATE** _____

HSA EXPENSE CLAIM REIMBURSEMENT INSTRUCTIONS

Health Sciences Association, 180 East Columbia Street, New Westminster, BC V3L 0G7

A. MEALS PER DIEM:

Members involved in HSA business which bridges meal time or who are on out-of-town travel status may claim meal expense reimbursement at the following rates:

Breakfast - \$25.00; Lunch \$30.00; Dinner \$35.00.

When travelling, Breakfast may be claimed if travel to union business begins before 7:00 am.

Lunch may be claimed if travel to union business begins before 11:30 am.

Lunch may be claimed if travel from union business does not allow you to arrive back at home or work by 1:00 pm.

Dinner may be claimed if travel to union business begins before 5:00 pm.

Dinner may be claimed if travel from union business prevents you from returning home or to work by 6:30 pm.

B. ACCOMMODATION:

HSA will arrange single accommodation for participants including "in-town" participants, who attend HSA conventions and training programs. If HSA cannot arrange accommodation, HSA shall reimburse members travelling on union business for their receipted accommodation expenses. Reimbursement is subject to reasonable limits. HSA reimburses family/friends providing accommodation to out-of-town members at a rate of \$30.00 per night.

C. FAMILY AND DEPENDANT CARE (CHILDCARE):

The Union will reimburse members for the receipted cost of reasonable family, dependant and personal attendant care expenses (including childcare) incurred by members attending union business over and above their regular daily family, dependant and personal attendant care expenses as a result of the member's normal occupation.

D. TRAVEL EXPENSES

The Union shall reimburse members travelling for the purpose of conducting Union business for their receipted travel expenses. (ferry, parking, transit)

(a) TRAVEL - Mileage: If a member uses their personal vehicle for travel, the Union shall reimburse them for the distance travelled at the following rate: per the Canada Revenue Agency applicable rate. Do not include kilometers travelled while on ferries. CRA Website: Automobile or motor vehicle benefits – Allowances or reimbursements provided to an employee for the use of their own vehicle - Canada.ca

(b) COMPARISON TABLE: As per HSA policy, HSA will pay for travel expenses including combined costs of mileage or alternate fare, meals, accommodation and wage replacement in the way that is most reasonable and least expensive overall. Air travel is usually the most economical as accommodation and extra days' wages are not required. **Complete both columns.**

Automobile	Air
Mileage _____ km @ _____ = _____ (excluding ferry travel)	Airfare _____
Ferry _____	Parking _____
Parking _____	Transit fares _____
Transit fares _____	Meal per diems _____
Meal per diems _____	Mileage (for parking) _____
Accommodation: (nights required) _____	Accommodation _____
Wage replacement (days x hourly rate) _____ (estimate only)	Wage replacement _____
Total _____	Total _____