



Expense Claim Form

Member expense Claim Form must be accompanied by Record of Union Leave Form and remitted to the Payable@hsabc.org

Please Note: Fill out a separate expense claim for each event
Review reimbursement instructions on back of form

Attach all original receipts (mileage and meals per diem excluded)
Retain pink copy for your records and mail complete form to HSA

Name: _____ **Work Phone:** _____ **Ext:** _____
(Surname) (First Name)

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

Facility _____ **Region:** _____ **Member ID** _____ **Discipline:** _____

Event Name: _____ **Date From:** _____ **To:** _____

Held at: _____ **Status:** CASUAL PART-TIME FULL-TIME

A. Meals Per Diem (complete table below)

**Where meals are provided by the Union the meal per diem will not apply*

	Su	M	T	W	Th	F	Sa	
Date(s)								Totals
Breakfast								
Lunch								
Dinner								

Total _____

**DO NOT WRITE IN THIS AREA
FOR OFFICE USE ONLY**

B. Accommodation _____

C. Dependant Care _____

D. Travel (All receipts required except for mileage)

For out of town members: Most economical travel will be reimbursed. This includes mileage, per diem, accommodation, parking and wage expenses. **Please see comparison table on the back of form.**

(a) Mileage _____ km @ _____ (per CRA) _____

(b) Parking fees _____

(c) Transit fares _____

(d) Ferry and reservation fees _____

(e) Other Receipted Items: _____

1. Food for Chapter Meetings ** _____

2. _____

TOTAL AMOUNT \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL AMOUNT \$ _____

**** Please provide the sign-in sheet for membership or steward meetings where refreshments are provided.**

I hereby certify that the above information is correct. _____
Member's 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 must begin before 7:00 am.

Lunch may be claimed if travel to union business must begin 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 must begin 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 twin accommodation for participants including "in-town" participants, who attend HSA conventions and training programs. Double occupancy will be assumed unless single specifically requested. If single occupancy is requested and is **not approved**, the dollar difference between the single rate and half the double occupancy rate will be billed to the member. 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: <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbll/wnc/rt-eng.html>

(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 _____

E. OTHER RECEIPTED INCIDENTAL ITEMS

Food for Chapter Meetings. The expense claim will be forwarded to Communications Manager for approval. Please provide completed attendance sheet.