



Expense Claim Form

Member expense Claim Form must be accompanied by Record of Union Leave Form and remitted to the HSA Accounting Department within 90 days of the event

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:** _____ **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. Telephone (hotel, long distance) _____

E. Travel (All receipts required except for mileage)

For out of town members: Most economical travel will be reimbursed. This includes mileage, per diem, accommodation and wage expenses and should not exceed costs associated with air travel. **If required, complete comparison table on the other side.**

Mileage _____ km @ _____ = _____

Parking, transit, ferry, tolls _____

F. Other Received 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, #300 - 5118 Joyce Street, Vancouver, BC V5R 4H1)

A. MEALS PER DIEM:

Members involved in Union business, if Union business bridges meal times, may claim the appropriate meal reimbursement rate. No receipts necessary unless specified. The Union shall pay members for meals while away from their residence on Union business on the following basis: Breakfast - \$15.00 Lunch - \$20.00 Dinner - \$30.00. Where the meals are provided by the Union, the meal per diem will not apply.

B. ACCOMMODATION:

The Union shall reimburse members travelling for the purpose of conducting business for the Union for their receipted accommodation expenses. Reimbursement is subject to reasonable limits. 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 does not receive prior approval, the dollar difference between the single rate and half the double occupancy rate will be billed to the member.

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 family, dependant and personal attendant care expenses regularly incurred as a result of the member's normal occupation.

D. TELEPHONE: The Union will reimburse members for the receipted cost of telephone calls and internet to a maximum of \$10.00 per day within BC or \$15.00 per day while attending a union function outside of BC.

E. TRAVEL EXPENSES

The Union shall reimburse members travelling for the purpose of conducting Union business for their receipted travel expenses. (ferry, highway tolls, 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: 53 cents per kilometre - effective July 1, 2012. Do not include kilometers travelled while on ferries.

(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/Skytrain _____ |
| Transit/Skytrain _____ | Other _____ |
| Tolls _____ | |
| Accommodation: (nights required) _____ | |
| Wage replacement (days x hourly rate) _____ (estimate only) | |
| Total _____ | Total _____ |

F. OTHER RECEIPTED INCIDENTAL ITEMS

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