



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

Clear Form

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

Vendor ID:

NAME: _____ PHONE #: _____ Ext.# _____

HOME ADDRESS: _____

FACILITY: _____ REGION #: _____ MEMBER ID#: _____ DISCIPLINE: _____

EVENT: **HSA CONVENTION 2024, held at THE HYATT, Vancouver, BC** DATE OF EVENT: **MAY 1 to MAY 3, 2024**

Pre-Convention Workshops: check attendance DATE OF EVENT: **APRIL 30, 2024**
 Communications & Conflict Resolutions Psychological Health & Safety Social Media's Impact on Democracy Social Justice Intervention How to make a difference

A. Meal per diems (enter claims below, not applicable when meals provided at the Event)								TOTAL	Additional Information/Adjustments
Weekday	SUN	MON	TUE	WED	THUR	FRI	SAT		
DATE(S):	Apr 28	Apr 29	Apr 30	May 1	May 2	May 3	May 4		
BREAKFAST - \$25									
LUNCH - \$30									
DINNER - \$35									
B. Accommodation at Friends or Family (out of town members only) - \$30/night NIGHTS _____									
C. Dependent Care - please attach Dependent Care Claim Form									
D. TRAVEL EXPENSES PLEASE INDICATE: <input type="checkbox"/> by Air <input type="checkbox"/> by Ferry <input type="checkbox"/> by Auto <input type="checkbox"/> by Transit (All Travel, including wage replacement will be reimbursed by the most reasonable and least expensive overall)									
Air Travel: Departure date and time: _____				Arrival date and time: _____					
Air Travel: Departure date and time: _____				Arrival date and time: _____					
Ferry and reservation fees: (attach receipt)		FROM: _____		TO: _____					
		FROM: _____		TO: _____					
Mileage: 70 cents/km		FROM: _____		TO: _____		# of KM: _____			
		FROM: _____		TO: _____		# of KM: _____			
Transit fares:		FROM: _____		TO: _____		0.00 (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) _____ _____ _____									
TOTAL AMOUNT CLAIMED									

E. Wage Replacement (Enter HOURS below, max 7.5 hours on non-scheduled work days)								
Weekday	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS
DATE(S)	Apr 28	Apr 29	Apr 30	May 1	May 2	May 3	May 4	
Scheduled								0.00
Non-Scheduled								0.00

For information purposes only,
Attach your Record on 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? _____
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: <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmblllwnc/rtts-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 @ <u> .70 </u> = _____ (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 _____