



## **NVTA EXPENSE FORM**

All applicable receipts where required (originals only – not charge or debit card copy) must be attached.  
**Forms without supporting receipts will not be processed and will be returned to the member.**

### **COMPLETE ALL APPLICABLE SECTIONS ON BOTH SIDES OF THIS FORM.**

**Name** (print clearly): \_\_\_\_\_

**Please send my expense cheque to:**

**School:** \_\_\_\_\_

**Home** (address): \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Expenses incurred in connection with** (explain committee meeting and/or event):  
\_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**TOTAL CLAIM \$** \_\_\_\_\_

### **NVTA Policies Regarding Claims for Expenses**

|    |                                                                                                                                                                                                                                                                                          |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Expenses incurred at BCTF sponsored events will not be covered by the NVTA.                                                                                                                                                                                                              |
| 2. | Mileage charge to be calculated to cover the additional travel incurred by attending meetings which are outside the district and which result in a longer driving distance that would be incurred by driving to your usual work site. No mileage will be paid if you use public transit. |
| 3. | Only pre-approved accommodation expenses will be paid.                                                                                                                                                                                                                                   |
| 4. | Meal expenses will be paid for NVTA activities that also incur an accommodation charge. No meal expenses will be paid without a receipt.                                                                                                                                                 |
| 5. | The NVTA Child Care Policy will apply for child care payments.                                                                                                                                                                                                                           |
| 6. | Any expenses which are beyond the budget of a committee shall first be approved by the President, Vice President, or Executive.                                                                                                                                                          |
| 7. | For virtual meetings, #1 and #4 will not apply.                                                                                                                                                                                                                                          |

### **THIS SECTION TO BE COMPLETED BY NVTA TREASURER**

REASON \_\_\_\_\_

BUDGET CODE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

REASON \_\_\_\_\_

BUDGET CODE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

REASON \_\_\_\_\_

BUDGET CODE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

REASON \_\_\_\_\_

BUDGET CODE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

REASON \_\_\_\_\_

BUDGET CODE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

**DATE PAID** \_\_\_\_\_

**CHEQUE #** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**SEE OVER - FILL OUT REVERSE**

**CHILD CARE***Reimbursement up to \$13 per hour (to a maximum of \$200/24 hrs. Must be pre-approved)*

Number of children \_\_\_\_\_ Ages \_\_\_\_\_ Hours of care \_\_\_\_\_

Name of child minder or facility \_\_\_\_\_

**Total child care cost** ..... \$ \_\_\_\_\_**TRANSPORTATION**

Trip from \_\_\_\_\_ to \_\_\_\_\_

Automobile allowance: \_\_\_\_\_ km@72¢/km \$ \_\_\_\_\_

Bicycle allowance: \_\_\_\_\_ km@26¢/km \$ \_\_\_\_\_

Parking costs *(receipts must be included for payment)* \$ \_\_\_\_\_Other transportation costs *(describe & include receipts)*  
\_\_\_\_\_ \$ \_\_\_\_\_**Total transportation costs** ..... \$ \_\_\_\_\_**ACCOMMODATION**

Number of nights \_\_\_\_\_ Rate per night \$ \_\_\_\_\_

**Total accommodation costs** ..... \$ \_\_\_\_\_**MEALS***Reimbursement rates (includes gratuity): Breakfast \$24.14; Lunch \$23.29; Dinner \$49.05*

No. of Breakfast \_\_\_\_\_ \$ \_\_\_\_\_

No. of Lunch \_\_\_\_\_ \$ \_\_\_\_\_

No. of Dinner \_\_\_\_\_ \$ \_\_\_\_\_

**Total meal costs** ..... \$ \_\_\_\_\_**OTHER EXPENSES** *(list below and include all receipts)*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total other expenses** ..... \$ \_\_\_\_\_**TOTAL ALL EXPENSES** ..... \$ \_\_\_\_\_