

EXPENSE FORM INSTRUCTIONS

NOTE: Only the first 150 registrations received are eligible to claim for reimbursement for travel expenses. Check with your ATA local for available financial support if you did not qualify for the travel allowance.

PLEASE PRINT

1. Name/Address/Postal Code

- Fill in your name and complete address.

2. Accommodation—If you travelled more than 200 kilometres return to attend the conference and stayed at a hotel on the Friday evening of the conference you qualify for a maximum of a \$120 allowance towards the cost of your hotel. (If your room was less than \$120, you qualify for the actual cost incurred.)

- Fill in this section and **staple your hotel receipt to the form.**

3. Transportation—Delegates qualify for .65¢ per kilometre.

- Fill in the name of the location you travelled from (ie, Grande Prairie, Lethbridge, or if you live in Edmonton “home”) to the conference location.
- Calculate the total kilometrage travelled to and from the conference and fill in under Total Kilometres.

4. Total the amount of your claim (Accommodation + Travel)

5. Claimant Signature and date

- Sign your name here and date.

No other expenses will be paid.

6. Fill out your name, date, email address and signature on the EFT form.

7. Attach a VOID cheque or direct deposit information from your bank.

Return the **completed expense form, EFT form and VOID cheque** to the box located at the Conference Registration Desk. The documents can also be mailed to
Alberta Teachers' Association email
350, 6815 8 Street NE michelle.caron@ata.ab.ca
Calgary AB T2E 7H7

EFT payments will be processed by our Edmonton office (Barnett House) approximately four–five weeks after the conference.



The Alberta Teachers' Association

11010 142 Street NW, Edmonton, AB T5N 2R1

Please Select

Other

PERSONAL INFORMATION

EXPENSE CLAIM FORM—OTHER

1. Fill in your name and complete mailing address

First Name Last Name
 Street Address City Province Postal Code

2. Accommodation: Friday evening of the conference to a maximum of a \$120

Event/Activity Location Dates
 2019 Substitute Teachers' Conference Calgary October 18-19, 2019

ACCOMMODATION (Please ensure all receipts are attached)

TRANSPORTATION (Please enter amounts and ensure receipts are attached)
 (Rate - per km - Effective 2012 09 01) \$ 0.53

3. Kilometrage: Fill in home/city to venue to home/city

Kilometrage From: To: To: Total Kilometres
 Airfare Parking
 Taxi Baggage Fees

Total Other Transportation Charges

SUBSISTENCE (Please enter individual amounts and ensure all receipts are attached)

	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Breakfast					
Lunch					
Dinner					
Snack					
Hospitality	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Identify Guests	n/a				

The travel allowance covers kilometrage and Friday night's accommodation up to \$120 only.

Total Subsistence \$ 0.00

Other Expenses (Please specify and ensure receipts are attached)

n/a \$ 0.00
 n/a \$ 0.00

Total Other Expenses \$ 0.00

Total Expense Claim

4. Total claim

Account Codes (Required)

Account Code	Sub Code	Amount
10 --- 245 --- 5410		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00

4. Total claim

5. Sign and date

Claimant Signature Date (yyyy-mm-dd)

Staff/Admin Officer Authorization (for staff expenses only) Date (yyyy-mm-dd)

Vendor Number n/a



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Please Select

PERSONAL INFORMATION

EXPENSE CLAIM FORM—OTHER

1. Fill in your name and complete mailing address.

First Name Last Name

Street Address City Province Postal Code

Event/Activity Location Dates

2. Accommodation: Friday evening of the conference to a maximum of \$120

ACCOMMODATION (Please ensure all receipts are attached)

3. Kilometrage: Fill in home/city to Calgary to home/city

TRANSPORTATION (Please enter amounts and ensure receipts are attached)
(Rate - per km - Effective 2023 01 01)

Kilometrage From: To: To: Total Kilometres

Airfare Parking
Taxi Baggage Fees

Total Other Transportation Charges

SUBSISTENCE (Please enter individual amounts and ensure all receipts are attached)

Breakfast	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>
Lunch	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>
Dinner	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>
Snack	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>
Hospitality	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>

The travel allowance covers kilometrage and Friday night's accommodation up to \$120 only.

Identify Guests

Total Subsistence

Other Expenses (Please specify and ensure receipts are attached)

Total Other Expenses

Total Expense Claim 4. Total claim

Account Codes (Required)

Account Code	Sub Code	Amount
<input type="text"/>	<input type="text"/>	<input type="text" value=""/> 4. Total claim
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Sign and date

Claimant Signature Date (yyyy-mm-dd)

Staff/Admin Officer Authorization (for staff expenses only) Date (yyyy-mm-dd)

Vendor Number



The Alberta Teachers' Association

11010 142 Street NW, Edmonton, Alberta T5N 2R1

T 780-447-9400 or 1-800-232-7208

F 780-455-6481

www.teachers.ab.ca

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Associate Executive Secretary

To our Valued Committee Members and Representatives:

In our quest to serve you better and to process your expense claims more efficiently, we have made Electronic Funds Transfer (EFT) Payments available to you.

This will mean no more paper cheques, no mailing time lost or cheques that go missing in the mail. All payments will be processed each Thursday with the deposit being made into your bank account Thursday or Friday depending on your financial institution (exceptions will be made for holidays).

You will receive an EFT remittance by e-mail on the day the deposit is made so you will know which expense claim(s) will be paid, the amount and the total of the deposit to help you with your record-keeping needs.

What we require from you is the consent completed below and returned to us as well as a copy of a VOID cheque (or direct deposit information sheet from your financial institution) with your next expense claim. Your payment format will be changed from a physical cheque to EFT as soon as the form is received and processed.

Should you have any questions or need further clarification, please do not hesitate to contact me by e-mail caroline.inacio@ata.ab.ca. We look forward to serving you better, as conveniently as possible.

Sincerely

Caroline Inacio, CGA
Deputy Chief Financial Officer
Finance

CPI/lt

Consent:

Name

Signature

Date

E-mail for Remittance Advice

Please include a void cheque or direct deposit form from your financial institution

I filled out this information for the 2022 Substitute Teachers' Conference.

Please fill out these highlighted sections and attach a void cheque/direct deposit form to receive your travel allowance OR check off that we received this information last year.