### Expense Claims

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| --- | --- | --- | --- |
| **SECTION:** | Financial | **ORIGINATED:** | 2004 |
| **TITLE:** | **EXPENSE CLAIMS** | **REVISED:** | Feb 2024 |
| **NUMBER:** | 4.1 | **PAGES:** | 2 |

##### PURPOSE

To provide a format and documentation for chapter members to claim reimbursement for approved expenses related to educational events or conferences

##### POLICY

* + 1. All expenses submitted must have been pre-approved by the chapter executive.
    2. Claimant is urged to use moderation in their selection of accommodation and share the cost of rooms, when possible.
    3. No payments will be made in excess of the allowances established.
    4. Receipts must cover all expenses, unless otherwise stated.
    5. Claimant acknowledges that the submitted funds are not being paid by an alternative source.
    6. Telephone and travel expenses to chapter meetings are not covered.

##### PROCEDURE

1. Complete an Expense Claim Form (see appendix).
2. Attach all receipts.
3. Retain a copy of claimed expenses for your records.
4. For exceptional circumstances resulting in extraordinary expenses, contact the Chapter Treasurer and President.
5. Allowable Expenses (with pre-approved budget):

##### Transportation and Travel

* + 1. Air Travel - Economy class (book in advance for lowest possible rate).
    2. Rail - Economy class.
    3. Bus.
    4. Private Vehicle - Indicate the number of kilometers and claim $0.52 (52 cents) per kilometer. Include parking receipts, as necessary. Maximum refund will be equal to economy airfare/ground transportation, whichever is less.
    5. Taxi - Receipts are required plus names of other IPAC EO members who shared ride.

##### Accommodation

* + 1. Standard accommodation at conferences/committee meeting or equivalent hotel.
    2. A per diem rate of $15.00 will be paid for private residential accommodation.

##### Meal Allowance

* + 1. Maximum $40.00 per day, with receipts.
    2. No meal allowance will be allowed if meals are provided.

##### Other

Chapter-related expenses approved by the executive.

##### REFERENCES

1. IPAC EO Terms of Reference (<http://eo.ipac-canada.org/photos/custom/PDF/TOR.pdf>)
2. IPAC EO Policy 5.3 Chapter Educational Events (<https://eo.ipac-canada.org/policy-manual.php>)

##### APPENDIX: APPLICATION TO BE COMPLETED BY THE MEMBER REQUESTING REIMBURSEMENT OF EXPENSES

(POLICY # 4.1 Revised June 2023)

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| --- | --- | --- | --- |
| **PART I: PERSONAL INFORMATION** | | | |
| **DATE OF CLAIM:** **APPLICANT:**  **PHONE:** **EMAIL:**  **MAILING ADDRESS:**  **CONFERENCE/MEETING:** | | | |
| **PART II: EXPENSES** | | | |
| **ITEM** | **AMOUNT** | | |
| **Before HST** | **HST** | **TOTAL** |
| **TRANSPORTATION** (choose all that apply) | | | |
| AIR RAIL BUS TAXI  PRIVATE: km at 52 cents/km |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **ACCOMMODATION** | | | |
| Hotel # of nights at $ /night |  |  |  |
| Shared with:  **MEALS** (maximum $40.00/day with receipts) | | | |
| # of days # meals |  |  |  |
|  | | | |
| **E. TOTAL CLAIM** |  |  |  |
| **PART III: APPROVALS** | | | |
| **CLAIM APPROVED BY:**  **DATE CHEQUE WRITTEN:** **CHEQUE #:** | | | |
| **FOR TREASURER’S USE: DATE CHEQUE CASHED:** | | | |
| **I acknowledge that funds requested for the above expenses are not being paid by another source (e.g., Virox Scholarship, RNFOO, workplace).**  **CLAIMANT SIGNATURE:** | | | |