

# 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—Your Friday night accommodation at the conference venue may be eligible for reimbursement if you 1) travelled more than 100 kilometres one-way to attend the conference *and* 2) booked at the conference venue using the conference rate (standard room only).

If you stayed at an **alternate hotel or did not use the conference rate for a standard room** on the Friday night of the conference (and you travelled more than 100 km one-way to attend the conference) you qualify for a maximum of a \$170 allowance towards the cost of your hotel. (If your room was less than \$170, you qualify for the actual cost incurred.)

If you travelled over 200 km one-way to attend the conference, you have the opportunity to claim for reimbursement your Saturday night accommodation up to a maximum of \$170 (If your room was less than \$170, you qualify for the actual cost incurred.)

- Fill in the amount for eligible accommodation costs and **staple your hotel receipt(s) to the form.**

### 3. Transportation—Registrants qualify for .67¢ per kilometre.

- Fill in the name of the location you travelled from (ie, Grande Prairie, Lethbridge, or if you live in Edmonton “home”) to 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.**

Return the **completed expense form, EFT form and VOID cheque** to the box located at the Conference Registration Desk. The documents can be e-mailed to michelle.caron@ata.ab.ca or mailed to

Alberta Teachers' Association  
350, 6815 8 Street NE, Calgary AB T2E 7H7.

TURN OVER FOR **SAMPLE** EXPENSE FORM



# The Alberta Teachers' Association

1101 0142 Street NW, Edmonton, AB T5N 2R1

Substitute Teachers' Conference Travel Allowance Form

Please Select

## PERSONAL INFORMATION

## EXPENSE CLAIM FORM—OTHER

1. Fill in your name and complete mailing address

2. Accommodation:

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

First Name  Last Name   
 Street Address  City  Province  Postal Code   
 Event/Activity  Location  Dates

ACCOMMODATION (Please ensure all receipts are attached)

TRANSPORTATION (Please enter amounts and ensure receipts are attached)  
(Rate - per km - Effective 2024 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 specified accommodation costs only.

Identify Guests   
Total Subsistence

Other Expenses (Please specify and ensure receipts are attached)

Total Other Expenses

4 Total Expense Claim

4. Total claim

5. Sign and date

Account Codes (Required)

Account Code	Sub Code	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>

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

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

TURN OVER FOR WRITTEN INSTRUCTIONS



# The Alberta Teachers' Association

11010 142 Street NW, Edmonton, AB T5N 2R1

Substitute Teachers' Conference Travel Allowance Form

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 Hotel cost **ACCOMMODATION** (Please ensure all receipts are attached)

3 Kilometrage: **TRANSPORTATION** (Please enter amounts and ensure receipts are attached)  
Fill in home/city to Edmonton to home/city OR airfare/bus fare

(Rate - per km - Effective 2024 01 01)

**Kilometrage** **From:**  **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"/>
Identify Guests	<input type="text" value="n/a"/>				

### Total Subsistence

**Other Expenses** (Please specify and ensure receipts are attached)

### Total Other Expenses

### 4 Total Expense Claim

**Account Codes (Required)**

Account Code	Sub Code	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>

5 Sign and date

**Claimant Signature**  **Date (yyyy-mm-dd)**

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

Vendor Number

TURN OVER TO PROVIDE EFT INFORMATION



# 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

Jason C Schilling  
President

Darrin A Bauer  
Vice-President

Jenny L Regal  
Vice-President

Greg A Jeffery  
Past President

Dennis E Theobald  
Executive Secretary  
Chief Executive Officer

Brian J Andrais  
Associate Executive Secretary

Joni A Turville, PhD  
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](mailto: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 a previous 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.