



Northwest Territories Teachers' Association

5018 – 48th Street • Box 2340, Yellowknife, NT X1A 2P7
 Office (867) 873-8501 • Fax (867) 873-2366 • e-mail: nwttta@nwttta.nt.ca

EXPENSE CLAIM

NAME _____

MAILING ADDRESS _____

DATE	ITEM DESCRIPTION	AMOUNT
	Business Travel Expenses (Total from opposite side of page)	

TOTAL EXPENSE CLAIM \$ _____

Signature

Date Submitted

RECEIPTS MUST BE ATTACHED FOR ALL CLAIMED ITEMS



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BUSINESS TRAVEL EXPENSES

Rates updated October 1, 2020

Purpose of Business Travel _____

Location of Business Travel _____ Date(s) of Business Event _____

Transportation								
1. Air (attach receipts) Origin: _____ to Destination: _____								\$ _____
2. Private Automobile Origin: _____ to Destination: _____ <i>Official GNWT driving distance within NWT grid used to calculate reimbursement</i>								
: Within NWT _____ kms @ \$0.59/km -----								\$ _____
Outside NWT _____ kms @ \$0.51/km -----								\$ _____
Where the use of a privately-owned vehicle is authorized for the individual's convenience rather than that of the Association:								
Convenience _____ kms @ \$0.245/km -----								\$ _____
Accommodations								
1. Hotel Accommodation - exclude meals (attach receipts) -----								\$ _____
2. Private Accommodations _____ nights @ \$50.00/night -----								\$ _____
Meals*								
<i>(Total all B/L/D/I - \$100.00)</i>								
Date	Breakfast	Lunch	Dinner	Incidentals				
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
_____	\$20.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	-----			\$ _____
Other Expenses (attach receipts)								
Taxi (details): _____								\$ _____
Other (please specify) _____								\$ _____
TOTAL BUSINESS TRAVEL EXPENSE (transfer total to opposite side of page)								\$ _____

** Where the actual cost of meals and services exceeds the maximum allowance, and where the reason for this excess can be justified and the expenses supported by receipts (cost of meals are not to be included on hotel bill), the employee will be reimbursed for the actual expense incurred. Where receipts cannot be provided, reimbursement will be made for the meal allowance outlined above. Do not claim for any meals that were provided by the Association.*

If claiming CHILD CARE EXPENSES, receipts MUST be attached.