



# Northwest Territories Teachers' Association

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

## EXPENSE CLAIM

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE	ITEM DESCRIPTION	AMOUNT
	<b>Business Travel Expenses</b> <b>(Total from opposite side of page)</b>	

TOTAL EXPENSE CLAIM          \$          \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

**RECEIPTS MUST BE ATTACHED FOR ALL CLAIMED ITEMS**



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 5018 – 48<sup>th</sup> Street  
 Box 2340  
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# BUSINESS TRAVEL EXPENSES

*Rates updated April 1, 2019*

Purpose of Business Travel \_\_\_\_\_

Location of Business Travel \_\_\_\_\_ Date(s) of Business Event \_\_\_\_\_

<b>Transportation</b>								
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 @ \$0.630/km -----								\$ _____
Outside NWT _____ kms @ \$0.5165/km -----								\$ _____
Where the use of a privately-owned vehicle is authorized for the individual's convenience rather than that of the Association:								
Convenience _____ kms @ \$0.275/km -----								\$ _____
<b>Accommodations</b>								
1. Hotel Accommodation - exclude meals (attach receipts) -----								\$ _____
2. Private Accommodations _____ nights @ \$50.00/night -----								\$ _____
<b>Meals*</b>								
<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"/>	-----			\$ _____
<b>Other Expenses</b> (attach receipts)								
Taxi (details): _____								\$ _____
Other (please specify) _____								\$ _____
<b>TOTAL BUSINESS TRAVEL EXPENSE (transfer total to opposite side of page)</b>								\$ _____

*\* 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.