

2019-2020 WQSB/WQTA TEACHER PIC EXPENSE FORM

Name: _____ School: _____

Name, date and location of activity (important): _____

***DIRECT DEPOSIT REQUEST* I, _____, request direct deposit, as per my biweekly salary instalments, of this expense reimbursement.**

**** Valid e-mail for notification:** _____

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BANK

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BRANCH

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ACCOUNT

***** Home address:** _____

(signature)

(date)

EXPENSES

in CDN funds

1. Registration * \$ _____

2. Accommodation *

a) Hotel \$ _____/night x _____ nights \$ _____

b) Hostess fee \$ _____/night x _____ nights \$ _____

3. Transportation *

a) Public (Bus/Train/Plane) \$ _____

b) Car \$ _____

c) Namur Supplement (West only) \$90 \$ _____

d) Pontiac Supplement (West only) \$65 \$ _____

e) Destinations in excess of 700 km (one way) and previously approved \$ _____

from _____ to _____

total km (roundtrip) _____ km x .47 \$ _____

4. Parking * \$ _____/day x _____ days \$ _____

5. Taxi(s) * \$ _____

6. Meals *

Breakfast(s) x _____ \$ _____

Lunch(es) x _____ \$ _____

Dinner(s) x _____ \$ _____

7. Substitution Cost: Day 1 _____ / Day 2 _____ / Day 3 _____ \$ _____

<u>Workload Minutes:</u> 60 mins or less	61 to 150 mins	151 to 210 mins	Over 210 mins
<u>Cost:</u> \$49.65	\$124.10	\$173.75	\$248.22

(see explanation on page 2)

TOTAL \$ _____

For prompt reimbursement, please submit your expense form and original receipts to the WQTA within 30 days of the date the expenses were incurred.

Completing Your PIC Expense Claim

- A. **Print** your NAME and the NAME OF THE SCHOOL on your claim.
- B. **Print** the NAME, DATE, and LOCATION of the WORKSHOP or CONFERENCE.
- C. **Print** BANK INFORMATION in boxes, E-MAIL ADDRESS and HOME ADDRESS.

D. EXPENSES

Please keep in mind, you are only eligible for reimbursement of expenses that have been previously approved and for which you provide original receipts as indicated.

1. **Registration:** Fill in the dollar amount of the registration or service fee. **Receipt required.**
2. **Accommodation:** The maximum amount that can be claimed for hotel accommodation is \$200/night. **Receipt** required. The maximum amount that can be claimed for hostess fee is \$50/night. The **name and address of your hostess** must be attached to your claim.
3. **Transportation:** The amount that can be claimed for travel from Gatineau to Montreal is \$150; from Gatineau to Quebec City is \$250; and from Gatineau to Toronto is \$250. For travel by bus, plane, or train the **ticket receipt** must be attached to your claim.

Teachers living in the areas of Campbell's Bay, Shawville, and Kazabazua, and Poltimore (West only) are entitled to an additional travel supplement of \$65. (No receipts)

Teachers living in the area of Namur are entitled to an additional \$90 when travelling to Gatineau/Ottawa or points West thereof. (No receipts)

4. **Parking:** The maximum amount allowable is \$20/day. **Receipt(s) required.**
5. **Taxi(s):** The maximum amount allowable per trip is \$25. The maximum allowable per workshop is \$50. **Receipt(s) required.**
6. **Meals:** The maximum allowable amounts are: Breakfast \$15; Lunch \$15; and Dinner \$35. **Receipt(s) required.**
7. **Substitution:** The cost of teacher substitution is related to your **workload minutes only**. Indicate cost approved by PIC as indicated on your PIC notification. If there are changes please advise.

The total per day should be indicated as per the table below:

Workload Minutes:	60 mins or less	61 to 150 mins	151 to 210 mins	Over 210 mins
Cost:	\$49.65	\$124.10	\$173.75	\$248.22

Your Expense Claim with all necessary receipts attached should be mailed to:

Western Quebec Teachers Association
Suite 4, 50 Noël Street
Gatineau, QC
J8Z 2M4

(Ensure sufficient postage amounts on the envelope)