

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>C o s t:</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:

<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

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

Western Quebec Teachers Association
Suite 2, 183 Freeman
Gatineau, QC
J8Z 2A7

(Ensure sufficient postage amounts on the envelope)