



255B Main Street
Selkirk, MB R1A 1S1
204-482-6534

EXPENSE CLAIM FORM
Refer to the guidelines on reverse side.
Effective January 1st, 2026

PERSONAL INFORMATION

| | | |
|----------------------|----------------------|----------------------|
| First Name | Last Name | School Employed In: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City or Town | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone Number | Email | |
| <input type="text"/> | <input type="text"/> | |

EXPENSES

| Event | Location | Date: From | To | | |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Release Time – Charged to LSTA? | | | | | |
| No | Yes | Half-day | One day | Two days | Other |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

TRANSPORTATION

| | | | | |
|----------------------|----------------------------|----------------------|--------------------------------------|----------------------|
| From: | To: | Return | Distance -km@0.73/km | Totals |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| From: | To: | Return | Distance -km@0.73/km | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Passenger | km@0.03/km | Name: | | |
| Y or N | <input type="text"/> | <input type="text"/> | | |

MEALS

| | | | | | | |
|------|----------------|------------|-------------|--|--|---------|
| | | | | | | Reason: |
| Date | Breakfast \$22 | Lunch \$31 | Dinner \$43 | | | |
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ACCOMODATIONS Attach All Receipts \$154.97 per day or \$77.49/day staying with:

| | | | | | |
|------|-----------------|-------|----------------|--|--|
| Date | Charged to LSTA | Hotel | Friends/Family | | |
| Date | Charged to LSTA | Hotel | Friends/Family | | |
| Date | Charged to LSTA | Hotel | Friends/Family | | |

DEPENDENT CARE Up to \$19.21 per hour. See reverse side for details. Provide dates and times of day

| | | | |
|----------------------|----------------------|----------------------|----------------------------------|
| Date | From: AM/PM | To: AM/PM | Caregiver/Facility- Not a spouse |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

OTHER EXPENSES Attach all receipts and provide details

| | |
|----------------------|----------------------------|
| <input type="text"/> | |
| | Expense Claim Total |

DECLARATION I certify that I have read the guidelines on the reverse side and I understand and approve contents of this document are accurate as completed by myself. I also understand that by declaring this to be true, that I am aware of the consequences of making a false declaration.

| | | |
|-----------------------|--------------------------------------|----------|
| Date: | For Office Use Only & Authorization: | |
| Claimant's Signature: | Chq # | Signing: |

**GENERAL
INFORMATION**

Please complete your expense voucher at the end of the meeting and submit it to the Treasurer.
Your cheque will be mailed/issued.

Please **attach detailed receipts showing payment (originals)** where requested. **A credit card receipt is not acceptable.**

Vouchers without supporting receipts will be paid when the required receipts are submitted.

**CLAIMS NOT IN ACCORDANCE WITH GUIDELINES WILL AUTOMATICALLY BE ADJUSTED BY THE
FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT.**

1. TRANSPORTATION

- Vehicle - Claim **\$0.73** per kilometer. This rate is subject to change.
Kilometer distance claimed is checked using standard map tools. The amount will be adjusted if it is in excess of the map tool figure.
- Ground Transportation - Claim actual costs for taxi, bus, etc.
- Attach receipt(s)

2. MEALS

- Claim the actual amount or the per diem rate, whichever is the lesser
- Per diem rate, that includes gratuities for meals, is:
Breakfast - up to \$22.00; Lunch - up to \$31.00; Dinner - up to \$43.00
- Claims for committee meals should not exceed the per diem rate per person
- Meals that are provided cannot be claimed
- If travelling at an excursion rate/or a seat sale, additional meals may be claimed, if required

3. ACCOMMODATION

- May be claimed if:
- Driving time exceeds 1 hour; and
- A meeting begins by 9:00 a.m.
- A meeting ends at 9:30 p.m. or later

- Hotel General - Claim actual costs (**single room rate**) up to a maximum of \$154.97 per day or 50% of cost (**shared room rate**) to a maximum of \$77.49 per day
- All personal expenses should be cleared off at checkout time

- Hotel - 2(b) - Indicate name of hotel and attach receipt
- Maximum claim - \$154.97/day

- Staying with Relatives/Friends - Claim up to \$77.49 per day in lieu of hotel costs - this includes coverage for kilometers to/from friends/relatives

4. DEPENDENT CARE

- Claim actual expenses up to \$19.21 per hour, Claim actual expenses up to a maximum of \$200 per day.
- This is for care required on evenings and weekends, outside of normal working hours.
- **A dependent, as defined by Provincial Council, is a person who cannot socially, emotionally or medically look after oneself and may be in physical, social or emotional danger if left alone.**

The information on this form will be used solely for the purpose of processing your expense claim.
