Sunrise Teachers' Association
EXPENSE CLAIM FORM
(Other than transportation)

Please read the guidelines on the reverse side. PLEASE PRINT

Date of Expenditure: _____ **Event:** _____

NAME (Recipient of cheque) _____

MAILING ADDRESS: _____

DEPENDANT CARE (claim actual costs)

Number of dependants _____ Hours per day _____ @ (up to 15.00) $ _____/hr. =

Full Name of caregiver/facility (does not include spouse):

_____

OTHER EXPENSES (itemize and attach receipts)

Date	Invoice / Rec #	Paid to:	Purpose of Expense	Amount

Total to be Paid _____

Claimant Signature: _____ Date: _____

Payment Approved By: _____ Position: _____

Date: _____

RECORD OF PAYMENT

Date Paid _____ Cheque # _____ Cheque Amount _____

FOR ACCOUNTING USE ONLY

Account #	Account	Dr (Cr)
	Total General Ledger (agrees with payment total)	

GENERAL INFORMATION

Please complete your expense claim form as soon as possible and submit it to the STA treasurer.

Please attach receipts (originals) where requested. A **charge card receipt is not acceptable**. Claims without supporting receipts will be paid when the receipts are submitted.

CLAIMS NOT IN ACCORDANCE WITH GUIDELINES WILL AUTOMATICALLY BE ADJUSTED

MEALS

- Claim the actual amount or the per diem rate, whichever is the lesser
- Per Diem rate, including gratuities, is:

Breakfast - up to $15.00; **Lunch** - up to $20.00; **Dinner** - up to $35.00

- **Meals that are provided cannot be claimed**
- Claims for committee meals should not exceed the per diem rate per person
- **Meal receipts are required**

DEPENDANT CARE

- Claim actual expenses up to $15.00 per hour
- Please provide the information requested
- A dependant, 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.

MISCELLANEOUS EXPENSES

- Please provide detailed description of miscellaneous expenses
- Must be accompanied by a **receipt**