



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

CONVENTION EXPENSE CLAIM FORM

This form must be submitted together with the
RECORD OF UNION LEAVE FORM
Please EMAIL both forms to **PAYABLE@HSABC.ORG**

All receipts are to be attached to this form, please see instructions on back of Expense Claim form.

OFFICE USE
Vendor ID

NAME: _____ PHONE #: _____ Ext.# _____

ADDRESS: _____

FACILITY: _____ REGION #: _____ DISCIPLINE: _____

EVENT: **HSA CONVENTION 2023**, held at THE HYATT, Vancouver, BC DATE FROM: _____ To: _____

									TOTAL CLAIM	For Comments and Additional Information	For Office use
A. Meal per diems (Enter amount in box below date)											
Weekday	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL			
DATE(S):	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Apr 21	Apr 22				
BREAKFAST - \$20											
LUNCH - \$25											
DINNER - \$30									\$	-	
B. Wage Replacement (Enter HOURS below, max 7.5 hours on non-scheduled work day)											
Weekday	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS			
DATE(S)	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Apr 21	Apr 22				
Scheduled											
Non-Scheduled											
C. Accommodation at Friends or Family (out of town members only) - \$30/night									\$	-	
D. Dependant Care (Dependant Care Claim Form attached)									\$	-	
E. TRAVEL EXPENSES PLEASE INDICATE: ✓ by Air ___ by Ferry ___ by Auto ___ by Transit ___ (All Travel will be reimbursed by the most economical mode of transportation, please see comparison table on the back of form)											
1) Air Travel: Departure date and time: _____ Arrival date and time: _____ Air Travel: Departure date and time: _____ Arrival date and time: _____											
2) Ferry and reservation fees: From _____ to _____ (attach receipt) \$ -											
Ferry and reservation fees: From _____ to _____ (attach receipt) \$ -									\$	-	
3) Mileage: From: _____ to _____; KM _____ @ 68 cents (per CRA)											
Mileage: From: _____ to _____; KM _____ @ 68 cents (per CRA)									\$	-	
4) Transit fares: From _____ to _____ (receipts not required) \$ -											
From _____ to _____ (receipts not required) \$ -									\$	-	
F. Parking fees - other than Hyatt parking (attach receipts)									\$	-	\$
G. Other Expenses: (Explain other expenses below and attach receipts)											
_____									\$	-	
_____									\$	-	
_____									\$	-	\$
TOTAL AMOUNT									\$	-	