



# Expense Claim Form

Member expense Claim Form must be accompanied by Record of Union Leave Form and remitted to the HSA Accounting Department within 90 days of the event

**Please Note:** Fill out a separate expense claim for each event  
Review reimbursement instructions on back of form

Attach all original receipts (mileage and meals per diem excluded)  
Retain pink copy for your records and mail complete form to HSA

**Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_  
(Surname) (First Name)

**Address:** \_\_\_\_\_  
(Home) (Street Address) (City) (Postal Code)

**Facility** \_\_\_\_\_ **Region:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Held at:** \_\_\_\_\_ **Status:** CASUAL PART-TIME FULL-TIME

**A. Meals Per Diem** (complete table below)

*\*Where meals are provided by the Union the meal per diem will not apply*

	Su	M	T	W	Th	F	Sa	
<b>Date(s)</b>								<b>Totals</b>
Breakfast								
Lunch								
Dinner								

**Total** \_\_\_\_\_

**DO NOT WRITE IN THIS AREA  
FOR OFFICE USE ONLY**

**B. Accommodation** \_\_\_\_\_

**C. Dependant Care** \_\_\_\_\_

**D. Telephone** (hotel, long distance) \_\_\_\_\_

**E. Travel** (All receipts required except for mileage)

**For out of town members:** Most economical travel will be reimbursed. This includes mileage, per diem, accommodation and wage expenses and should not exceed costs associated with air travel. **If required, complete comparison table on the other side.**

**Mileage** \_\_\_\_\_ km @ \_\_\_\_\_ = \_\_\_\_\_

**Parking, transit, ferry, tolls** \_\_\_\_\_

**F. Other Received Items \***

**(1) Food for Chapter Meetings** \_\_\_\_\_

**(2)** \_\_\_\_\_

**TOTAL AMOUNT** \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

*\* Please provide the sign-in sheet for membership or steward meetings where refreshments are provided.*

I hereby certify that the above information is correct. \_\_\_\_\_  
Member's signature Date

## HSA EXPENSE CLAIM REIMBURSEMENT INSTRUCTIONS

(Health Sciences Association, 180 East Columbia Street, New Westminster, BC V3L 0G7)

### A. MEALS PER DIEM:

Members involved in Union business, if Union business bridges meal times, may claim the appropriate meal reimbursement rate. No receipts necessary unless specified. The Union shall pay members for meals while away from their residence on Union business on the following basis: Breakfast - \$15.00 Lunch - \$20.00 Dinner - \$30.00. Where the meals are provided by the Union, the meal per diem will not apply.

### B. ACCOMMODATION:

The Union shall reimburse members travelling for the purpose of conducting business for the Union for their receipted accommodation expenses. Reimbursement is subject to reasonable limits. HSA will arrange twin accommodation for participants including "in-town" participants, who attend HSA conventions and training programs. Double occupancy will be assumed unless single specifically requested. If single occupancy is requested and does not receive prior approval, the dollar difference between the single rate and half the double occupancy rate will be billed to the member.

**C. FAMILY AND DEPENDANT CARE (CHILDCARE):** The Union will reimburse members for the receipted cost of reasonable family, dependant and personal attendant care expenses (including childcare) incurred by members attending union business over and above family, dependant and personal attendant care expenses regularly incurred as a result of the member's normal occupation.

**D. TELEPHONE:** The Union will reimburse members for the receipted cost of telephone calls and internet to a maximum of \$10.00 per day within BC or \$15.00 per day while attending a union function outside of BC.

### E. TRAVEL EXPENSES

The Union shall reimburse members travelling for the purpose of conducting Union business for their receipted travel expenses. (ferry, highway tolls, parking, transit)

**(a) TRAVEL - Mileage:** If a member uses their personal vehicle for travel, the Union shall reimburse them for the distance travelled at the following rate: per the Canada Revenue Agency applicable rate. Do not include kilometers travelled while on ferries. CRA Website: <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbll/wnc/rt-s-eng.html>

**(b) COMPARISON TABLE:** As per HSA policy, HSA will pay for travel expenses including combined costs of mileage or alternate fare, meals, accommodation and wage replacement in the way that is most reasonable and least expensive overall. Air travel is usually the most economical as accommodation and extra days' wages are not required.

**Complete both columns.**

Automobile	Air
Mileage _____ km @ _____ = _____ (excluding ferry travel)	Airfare _____
Ferry _____	Parking _____
Parking _____	Transit/Skytrain _____
Transit/Skytrain _____	Other _____
Tolls _____	
Accommodation: (nights required) _____	
Wage replacement (days x hourly rate) _____ (estimate only)	
<b>Total</b> _____	<b>Total</b> _____

### F. OTHER RECEIPTED INCIDENTAL ITEMS

Food for Chapter Meetings. The expense claim will be forwarded to Communications Manager for approval. Please provide completed attendance sheet.



# RECORD OF UNION LEAVE

(for HSA use only)

Name: _____	Member #: _____
Facility: _____	Month of: _____

**Instructions:**

Each HSA member is responsible for recording on this form **all union leave** on scheduled days of work and on days off. HSA uses this information to track your union activity and to ensure that employers bill HSA for union leave correctly.

Mail or fax this form to **HSA Accounts Payable** at the end of each month.

**Complete columns A, B and C or D and E:** (see back of form for further information)

A Date (mm/dd/yy)	B Specify type of Union Activity OR Banked Day Off	C Sched. Work Day (hours)	D Banked Hours			E Hourly Rate	Office Use Only
			Earned	Taken	Balance		

<b>Return to:</b>	180 East Columbia Street New Westminster, BC V3L 0G7	Telephone 604.517.0994 Facsimile 604.515.8889	Toll free 1.800.663.2017 Facsimile toll free 1.800.663.6119
-------------------	--	--	--

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at <http://www.hsabc.org>.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ , 20\_\_



## INSTRUCTIONS FOR RECORDING UNION LEAVE

Complete **Record of Union Leave Form** columns **A, B and C or D**:

**A. Date:**

Record a separate entry for each day that HSA will be billed for union business.

**B. Specify type of Union Activity OR Banked Day Off**

**C. Scheduled Work Day:**

Record the total hours of union business that HSA will be billed by your employer in this column.

**D. Banked Hours Earned:**

Record the total hours you are banking for doing union business on your day off, to a maximum of 7.5 hours, in the “Earned” column and carry forward to the “Balance” column.

**Banked Hours Taken:**

Record the total hours of union leave you are taking in the “Taken” column and deduct from the “Balance” column. To use banked hours, you must request union leave from your supervisor, and code this leave as ***union business*** so that your employer can invoice HSA.

**E. Hourly Rate:**

Record the hourly rate of your regular wage in this column for the hours HSA will be billed by your employer.

---

### **Approved Union Business / Education Leave Policy**

(unless otherwise noted in registration material)

HSA provides paid union leave to members for attending:

- an HSA workshop or conference as an approved participant.
- a labour workshop or conference as an approved HSA participant.
- Regional Meetings, where the member is attending as a designated delegate.
- HSA Convention where the member is attending as a designated delegate.
- Regional Directors core activities as a Board member.
- HSA committee meetings as a committee member.
- Other events and activities approved by the Board of Directors.

**Union Business on Scheduled Work Day:**

Members are compensated for approved Union business so that the combination of employer-compensated time and the paid union leave does not exceed 7.5 hours or the hours regularly scheduled to work, whichever is greater.

**Union Business on Day Off:**

Members are compensated for approved Union business for actual hours worked to a ***maximum of 7.5 hours.***