



SPECIAL TRAVEL REIMBURSEMENT CLAIM FORM

Name: _____ School: _____

PLEASE PRINT

ARTICLE 19 - SPECIAL TRAVEL REIMBURSEMENT

In isolated communities the Division recognizes the need for additional travel to the nearest large community as per the following schedules. Only travel on non-teaching or personal leave days shall be applicable. Reimbursement for travel expenses at the most economical means, shall include the cost of travel for the teacher, the teacher's spouse, and dependent children.

For all items receipts must be attached.

School Year _____

Please check the applicable section:

The Division shall reimburse the teacher for actual travel costs of one (1) round trip **per school term** to the nearest large community.

| | | |
|--------------------------------|--------------------------|----------|
| God's Lake Narrows to Winnipeg | <input type="checkbox"/> | \$ _____ |
| Red Sucker Lake to Winnipeg | <input type="checkbox"/> | \$ _____ |
| Stevenson Island to Winnipeg | <input type="checkbox"/> | \$ _____ |
| Brochet to Thompson | <input type="checkbox"/> | \$ _____ |

The Division shall reimburse the teacher for actual travel costs of one (1) round trip **per school year** to the nearest large community. Teachers in Ilford, Pikwitonei and Thicket Portage shall be entitled to one (1) additional travel day in accordance with Article 19 of the Collective Agreement.

| | | |
|---|--------------------------|-----------------|
| Berens River to Winnipeg | <input type="checkbox"/> | \$ _____ |
| Ilford to Thompson | <input type="checkbox"/> | \$ _____ |
| Thicket Portage to Thompson | <input type="checkbox"/> | \$ _____ |
| Pikwitonei to Thompson | <input type="checkbox"/> | \$ _____ |
| Churchill to Winnipeg (new hires after June 30, 2005) | <input type="checkbox"/> | \$ _____ |
| TOTAL COSTS | | \$ _____ |

NOTES:

By completing and submitting this form I certify that this trip was taken on _____ (date).

| | | | |
|---------------------------------------|--|--------------|--|
| EMPLOYEE SIGNATURE: | | DATE: | |
| SUPERINTENDENT SIGNATURE: | | DATE: | |
| SECRETARY-TREASURER SIGNATURE: | | DATE: | |