



# ANNUAL TRAVEL REIMBURSEMENT CLAIM FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_  
PLEASE PRINT

## ARTICLE 18 – ANNUAL TRAVEL REIMBURSEMENT

- 18a) Teachers shall be reimbursed for travel expenses (excluding meals, rooms, berths, and sundry items) for one (1) round trip **per school year** from the teacher’s school locality to Winnipeg.
- b) Reimbursement for travel expenses of teachers in “qualified isolated communities” shall be based on the most practical economical means. Where airfare is required, the flight must be booked no less than one (1) month in advance, with departure and return dates confirmed. See Addendum 1 for means of transportation. In the case of extenuating circumstances, i.e. medical emergencies of the employee’s immediate family as defined in Article 33.01, the one (1) month advance booking may be waived.
- c) Reimbursement for travel expenses shall include the cost of travel for members of the teacher’s family residing with the teacher and making the journey with the teacher.
- d) To receive reimbursement at the prevailing Division rates upon receipt of a statement from the teacher indicating that **the trip was made**.

When submitting a claim under this Article, you are expected to complete and submit this Claim Form **after** the travel has occurred. In addition, please note that **receipt(s)** proving the travel occurred is required to be submitted with the claim form. This could be in the form of gas receipts, meal purchases or accommodations, providing the receipt includes the date, business name and address. Should travel occur by air, a copy of booking confirmation/receipt is required to be submitted with your claim. This will serve as your statement the travel was made.

School Year \_\_\_\_\_

Complete Round Trip  One way fare  Family Included  Baggage Only

TOTAL COSTS \$ \_\_\_\_\_

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_

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

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