

Expense Form: ETT and ETFO Strike Vote October 17, 2023

Name			
School		Mail Route	
Email		Cell/Home Phone	
Home Address, City		Postal Code	

Travel Expenses – mileage claimed shall **ONLY** include the portion of travel incurred over and above the normal travel to and from one’s place of residence and the workplace. The residence will be considered the workplace on non-school days only. For the purposes of calculating # of km for each meeting, use one of the following formulas: (workplace to meeting location, in km) + (meeting location to home, in km) – (workplace to home, in km)
OR (round trip: home to meeting location, in km) – (round trip: home to workplace/usual daily travel, in km)

Date	Specify point of origin to the destination (Example: Bedrock PS to ETT office)	# of km	Treasurer
October 17, 2023			
Total kilometers			
Total travel expenses (km x 0.61)			

Other Expenses

Date	Details of expenses (please attach receipts)	Amount (\$)	Treasurer
October 17, 2023			
October 17, 2023			
October 17, 2023			
October 17, 2023			
Total other expenses (B)			
Total claim (A +B)			

Signature		Date	
Liaison approval (if applicable)		Date	
President/Vice President approval		Date	

Statement of Expenses for Dependent Care

ETT MEMBER DETAILS:

NAME: _____ SCHOOL: _____

ETT ACTIVITY/MEETING Strike Vote DATE: _____

A. DEPENDENT DETAILS:

1. Dependent Children

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. Dependent Adult

Name: _____ Age: _____

B. Guidelines for Payment of Child and Adult Dependent Care:

The total reimbursement for dependent care is \$50 for the first child, up to \$35 for subsequent children to a maximum of \$85.00 per meeting day/event. Payment for childcare is limited to dependents 18 years of age and under. Payment for adult dependent care is limited to an adult whose care is the responsibility of the member.

All applications for reimbursement must be accompanied by a receipt from the caregiver - Section C below, including signature of the caregiver. This form is to be used for ETT meetings and events. Executive members (and committee members, by approval of committee chair), may claim dependent care for Federation business where attendance is expected. Reimbursements will not be provided where the caregiver already has a caregiving responsibility and/or family relationship towards the dependent.

C. CAREGIVER INFORMATION/RECEIPT:

****All applications for reimbursement must be accompanied by this receipt from the caregiver.****

I, _____ have received payment in the amount of
\$ _____ in return for care provided on _____ (date) for the following named
dependent(s): _____

Caregiver Contact Information: Email: _____ Phone: _____

Signature of Caregiver: _____

D. SIGNATURE OF MEMBER: _____ APPROVED BY: _____