**Girl Guides of Canada**

Newfoundland and Labrador Council

63 Roosevelt Ave St. Johns, NL A1A 0E8

709-726-1116 **T**

709-726-4045 **F**

**girlguides.ca/nl**

## Travel Expense Reimbursement

Reimbursement is provided for authorized expenses that are personally incurred in the conduct of **provincial** business for the Girl Guides of Canada-Guides du Canada NL Council. (e.g., provincial trainers, provincial council members travelling to meetings, etc.). All travel expense claims must be approved by the department head or treasurer.

For units, districts, and areas, please check with your District and Area Commissioners. They may have a mileage policy to reimburse you.

Claims must be submitted to the provincial office within two months of the event.

# TRAVEL:

Whenever possible, the most economical means of transportation should be used (e.g. economy airfare, bus or car). It is expected that, whenever possible, carpools will be used.

**Mileage**

Mileage will be reimbursed following the NL provincial government mileage rate:

[Automobile Reimbursement Rates for Using a Private Vehicle at Work - Treasury Board](https://www.gov.nl.ca/exec/tbs/working-with-us/auto-reimbursement/) [Secretariat (gov.nl.ca)](https://www.gov.nl.ca/exec/tbs/working-with-us/auto-reimbursement/)

**Airfare**

For air travel within the province, please contact the provincial office.

Note: Provincial Council does not purchase travel insurance, except in special circumstances.

# ACCOMMODATIONS:

As arranged by the meeting chairperson, on a shared-room basis.

Charitable Organization Registration Number 11893 8554 RR 0008

# MEALS

Receipts must be provided for all meals.

When meals are not provided, or when necessary, travel extends over a meal period, you may claim up to:

* $12.00 for breakfast, after an overnight stay
* $15.00 for lunch
* $22.00 for dinner

NOTE: Alcoholic beverages will not be reimbursed.

|  |  |
| --- | --- |
| **Event Name:** | **Payment should be made payable to:** |
| Event location: | Name: |
| Event date(s): | Telephone: |
| Your Position at Event: | E-mail: |
| Dept./Committee: | Address: |
| **Approved by:** | City/Town: |
|  | Postal Code: |
| **Signature of Department Head or Treasurer** | **Your Signature:** |
|  | **Date:** |

* Only cheques of $ 250 or more will be printed and mailed weekly.
* Cheques of less than $ 250 will be printed and mailed three times a year in December, April, and August.
* Payments to payees set up for direct deposit will be issued weekly regardless of the amount. If

you have not yet signed up for direct deposit, please complete and submit the [direct deposit](https://mz.girlguides.ca/WEB/Documents/MZ/UnifiedBanking/Direct_Deposit_Enrollment_Form.pdf) [enrollment form](https://mz.girlguides.ca/WEB/Documents/MZ/UnifiedBanking/Direct_Deposit_Enrollment_Form.pdf) to [accountspayable@girlguides.ca](mailto:accountspayable@girlguides.ca)

## Attach original itemized receipts showing amount of tax and HST number of the business.

Credit card receipts are not considered itemized receipts.

**Car**

**Travel** (no receipts necessary)

km at NL provincial government mileage rate of $ = $

Who travelled with you? If circumstances were such that you were unable to travel with others, please explain:

**Bus, Taxi or Airfare** (attach itemized receipts)

Bus $

Taxi $

Airfare $

**Accommodations:** (attach itemized receipts)

# nights: total receipts:

**Meals:** (attach itemized receipts)

See above policy for eligible amounts.

|  |  |  |  |
| --- | --- | --- | --- |
| date | breakfast | lunch | dinner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**enter total for meals:**  $