



GARDEN VALLEY TEACHERS' ASSOCIATION
 REQUEST FOR FUNDS
 Complete & Submit to the GVTA Treasurer

1. Attach invoices, receipts or copies of credit card purchases. Strike out your personal I.D. number/s.
 - a. Small Invoices: Tape to the back
 - b. Large Invoices: Staple to the back
2. Once completed, submit this form along with attachments to your treasurer.

DATE: _____ REQUESTED BY: _____

Committees & Roles			
<input type="checkbox"/> _____ Ad Hoc Committees	\$ _____	<input type="checkbox"/> _____ Political Action Committee	\$ _____
<input type="checkbox"/> 5260 Collective Bargaining	\$ _____	<input type="checkbox"/> 5420 President Expenses	\$ _____
<input type="checkbox"/> 5280 Education Finance	\$ _____	<input type="checkbox"/> 5380 Professional Development	\$ _____
<input type="checkbox"/> 5290 Employee Benefits	\$ _____	<input type="checkbox"/> 5440 Public Relations Committee	\$ _____
<input type="checkbox"/> 5470 Equity & Social Justice	\$ _____	<input type="checkbox"/> 5450 Social & Teacher Wellness	\$ _____
<input type="checkbox"/> 5480 Indigenous Education	\$ _____	<input type="checkbox"/> 5230 Treasurer Expenses	\$ _____
<input type="checkbox"/> 5350 Liaison Committee	\$ _____	<input type="checkbox"/> 5490 Vice-President Expenses	\$ _____
<input type="checkbox"/> 5375 Nominating Committee	\$ _____		\$ _____
Operating Expenses			
<input type="checkbox"/> 5310 Executive Expenses	\$ _____	<input type="checkbox"/> _____ MTS Seminars & Events	\$ _____
<input type="checkbox"/> 5210 GVTA General Meetings	\$ _____	<input type="checkbox"/> 5410 Office Expenses	\$ _____
<input type="checkbox"/> _____ Memberships (MFL, CTF, etc.)	\$ _____	<input type="checkbox"/> 5430 President's Release	\$ _____
<input type="checkbox"/> 5220 MTS General Meetings	\$ _____	<input type="checkbox"/> 5265 Reimbursable Expenses	\$ _____

Expense Amounts from Reverse: Mileage \$ _____ Accommodations \$ _____
 Meals \$ _____ Dependent Care \$ _____ Release Time _____ days

Reason for Request (List Items/Fees): _____

_____ TOTAL AMOUNT: \$ _____

Make Cheque Payable to: _____

Send via School Mail - Location Name: _____
 -- or --

Send via Mailing Address: Name: _____

Address: _____ City: _____ Postal Code: _____

SIGNATURE: _____

FOR TREASURER'S USE ONLY	
VERIFIED BY _____	AND _____
DATE OF PAYMENT _____	CHEQUE NUMBER _____
ACCOUNT NUMBER(S) _____	
ACCOUNT TOTAL (S) _____	

**TRANSPORTATION JANUARY 1, 2023 TO DECEMBER 31, 2023 – \$0.68/KM
TRANSPORTATION ON OR AFTER JANUARY 1, 2024 - TBD**

\$ Totals ↓

1. From address _____ To address _____ Return km _____
2. From address _____ To address _____ Return km _____
3. From address _____ To address _____ Return km _____

- Kilometer distance is calculated using standard map tools. The amount will be adjusted if it exceeds this calculated amount – allowing 20 km for long distance and Perimeter travel.
- Public Transportation – Economy Class, take advantage of excursion sales, attach receipts.
- Ground Transportation – claim actual costs for bus, taxi, etc. – attach receipts.

ACCOMMODATION – MAX. CLAIMS – SINGLE \$141.87 OR SHARED \$70.93 – ATTACH DETAILED RECEIPTS

1. Hotel Charge _____ Dates of stay: _____
2. Other - up to \$70.93 / day – staying with friends / relatives on dates _____
 - May be claimed if travel time exceeds 1 hr. and a meeting begins by 9:00am and/or ends at 9:30pm or later.

MEALS – ATTACH ITEMIZED RECEIPTS

1. Breakfast – up to \$15.00 on dates _____
2. Lunch – up to \$20.00 on dates _____
3. Dinner – up to \$35.00 on dates _____
 - Meals outside of seminar times are NOT covered unless time/distance is a factor - e.g. drive exceeds 1 hr.
 - Claim actual amount or per diem – whichever is lesser – includes gratuities.
 - Meals for committee work should not exceed the per diem rate per person.

DEPENDENT CARE – UP TO \$16.15 / HR – DOES NOT INCLUDE SPOUSE

Name of Caregiver / Facility _____

Dates _____ from _____ am / pm to _____ am / pm _____

- Claim actual expenses up to \$16.15 per hr. and to a maximum of \$200.00 per day for dependents requiring specialized care - attach itemized receipts
- This is for care required on evenings and weekends – outside of normal working hours
- A dependent as defined by MTS is a person who cannot socially, emotionally, or medically look after oneself and may be in physical, social, or emotional danger if left alone

RELEASE TIME – WAS A SUBSTITUTE REQUIRED

Charge to GVTA? Yes No If Yes, how many days? Half Day One Day Two Days Other _____

Person(s) replaced by Sub(s) _____