



TRAVEL REIMBURSEMENT GUIDELINES

FNHC will reimburse travel expenses for the following invited participants:

- 1) One Political Lead (eg. Chief or Proxy Designate with Chief's Approval)
- 2) One Health Lead (eg. Health Director, Community Health Representative or Health Portfolio Holder)
- 3) One Social Lead with expertise in health and/or social services (eg. Social Development Worker, Social Program Director, Children and Family Worker) as designated by the Political Lead

Important note: It is up to each community to choose how they participate in the forum this year within the three affiliations described above. Participation of political representatives is encouraged by FNHC.

In addition, FNHC will reimburse travel expenses for (1) participant from the following invited affiliations:

- 1) First Nation Health Service Provider Organization

Important note: the affiliations described above are limited to a list of approved organizations, and can be found within the online registration process. Unsure? Email gatheringwisdom@pacegroup.com.

ELIGIBLE TRAVEL EXPENSES FOR REIMBURSEMENT *(See Expense Guide – Appendix, Page 2)*

All participants are responsible for arranging their own travel and accommodation to/from the forum.

Participants travelling a distance greater than 30kms (one-way) from their home to attend the forum

are eligible to seek the following travel expenses for reimbursement:

- ❖ Travel:
 - Roundtrip economy airfare – receipts are required.
 - Transportation (taxi, public transit) to & from the airport – receipts are required.
 - Driving mileage using personal vehicle @ \$0.51/km.
- ❖ Accommodation:
 - Maximum of 3 nights' hotel accommodation at a rate no more than \$169/night.
(Nights of January 13th, 14th & 15th)
 - Private accommodation of \$50/night for those staying with relatives or friends.
- ❖ Meals and Miscellaneous:
 - Maximum of (3) Dinner per diem on January 13th, 14th & 15th
 - Maximum of (3) Incidentals (per overnight stay only)

Important note: Additional travel expenses as a result of **extraordinary travel circumstances** and **exceeding four hours travel time (each way)** must receive approval prior to the event to be considered for reimbursement. Submit request to gatheringwisdom@pacegroup.com.

APPENDIX: Travel Expense Guide for Event Participants

1.0 Purpose

1.1 To provide direction for expenses related to event participant travel to and from Gathering Wisdom for a Shared Journey 2020. This guide is prepared to provide information on travel expense criteria and allowances, meals, vehicle and air travel, accommodation and administration for participants.

2.0 Criteria and Allowances for Travel Expenses

2.1 To be eligible for travel expense reimbursement, participants must be away from home with a minimum driving distance of 30km (each way).

2.2 Per Diem allowances may be claimed without receipts for meals, incidentals, mileage and private non-commercial accommodation as set out in the table below.

| Maximum Travel Per Diem Allowances | |
|--|-----------|
| Meal Allowances: | |
| Breakfast | \$15.75 |
| Lunch | \$15.10 |
| Dinner | \$42.00 |
| Full Day Meal Allowance | \$72.85 |
| Incidental Allowance | \$17.30 |
| Mileage Allowance | \$0.51/km |
| Private Non-commercial Accommodation Allowance | \$50.00 |

2.3 Allowances may be claimed for commercial (hotel) accommodation, with receipts, at a room rate no more than \$169/night (before taxes). Please secure a room with one of our Hotel Blocks for the event:

- Pinnacle Harbourfront
- Marriott Pinnacle

2.4 Expenses of a personal or private nature will not be reimbursed.

3.0 Meals

3.1 When on event-related travel, participants may claim allowances to cover meals and incidentals based on the rates set in the Maximum Allowances for Travel table.

3.2 The participant's approved business travel must:

- start before and end after 7:00 a.m. to claim a maximum allowance for breakfast.
- start before and end after 12:00 noon to claim a maximum allowance for lunch.
- start before and end after 6:00 p.m. to claim a maximum allowance for dinner.

3.3 Meal allowances may not be claimed if a meal is provided at no cost to the participant, such as meals included in the participant's accommodation cost, events cost, including a business meeting.

4.0 Vehicle Travel

4.1 Mileage will be verified using Google Maps & Directions.

4.2 Departure and arrival address must be included to calculate round-trip mileage.

- 4.3** When the participant has a choice between air travel and using a personally owned vehicle, and the participant chooses to use a personally owned vehicle:
- (a) The eligible amount for reimbursement will be the lesser of the applicable economy class airfare and the vehicle mileage allowance; and
 - (b) The participant will be responsible for hotel and meals costs that would otherwise be avoided if the participant travelled by air.
- 4.4** The participant may not include the distance travelled by ferry in eligible mileage. Participants must submit receipts for ferry expenses with the claim.
- 5.0 Air Travel**
- 5.1** Reimbursement of air travel is limited to economy airfare on regular scheduled air carriers. The participant may claim airport improvement fees, departure fees, baggage fees, and other mandatory charges, whether included in the cost of the airline ticket or charged separately.
- 5.2** Charges resulting from failure to cancel an airline reservation, or from an itinerary change due to personal preference, will not be reimbursed.
- 6.0 Accommodation and Incidental Expenses**
- 6.1** Accommodation (hotel or private) stays are inclusive of event dates only and the night prior to the start of an event.
- 6.2** Charges resulting from failure to change or cancel a hotel reservation that is no longer needed will not be reimbursed or paid by FNHC.
- 6.3** Incidental expenses are reimbursed for overnight stays only. Receipts are not required.
- 6.4** Per hotel industry standards, a credit card or refundable cash deposit is required from each guest upon hotel check-in to guarantee personal incidental charges. The FNHC is unable to guarantee personal incidental charges on behalf of participants.
- 7.0 Administration of Travel Expenses**
- 7.1** Participants must submit travel expense claims for reimbursement, no later than 30 calendar days following the end of the month in which the expenses were incurred – except for the final month of the fiscal year (March 31) when claims must be submitted within two working days of the fiscal year-end. Claims submitted outside these time limits may result in an adjustment to the reimbursement amount, or unpaid claims will be returned to sender with a letter of explanation.
- 7.2** For the purposes of Gathering Wisdom for a Shared Journey 2018 and further to the above statement, **travel expense claims must be submitted no later than February 28, 2020.**
- 7.3** Expense claims must be accompanied by supporting documents in the form of original itemized receipts for all amounts claimed, other than maximum allowances. All receipts must show breakdown of charges. Credit card vouchers do not qualify as original receipts. Participants must submit e-tickets for air travel. Photocopied receipts and scanned or faxed travel claims will not be processed until original receipts are received by mail.
- 7.4** FNHC reserves the right to withhold from any expense reimbursement an amount relating to GST contained within the travel and other receipts submitted if the person claiming reimbursement is a party entitled to claim a GST rebate in whole or in part.



First Nations Health Authority Travel Expense Claim

Please fill out form completely.
Photocopied receipts are not admissible - do not fax expense claims.

| | |
|--|--|
| Date: _____ | Telephone: _____ |
| Payable To: _____ Must be made out to an ORGANIZATION | Meeting: <u>Gathering Wisdom for a Shared Journey 2020</u> |
| Participant Name: _____ | Mtg Location: <u>Vancouver Convention Centre 1055 Canada Place</u> |
| Address: _____ | (Mtg Date) From: <u>01/14/2020</u> |
| Postal Code: _____ | (Mtg Date) To: <u>01/16/2020</u> |
| Travel Start Date: _____ | Travel Return Date: _____ |

RECEIPTS ARE NOT NECESSARY TO RECEIVE REIMBURSEMENT FOR:

| | | | | | | | |
|-------------------------------|----------------------------------|--------------------|---------------------------------|------------------|---|----|-------|
| MEALS: | | List dates claimed | | | | | |
| Breakfast | Provided: January 14,15 & 16 | \$15.75 | _____ | # day(s) | = | \$ | _____ |
| Lunch | Provided: January 14,15 & 16 | \$15.10 | _____ | # day(s) | = | \$ | _____ |
| Dinner | | \$42.00 | _____ | # day(s) | = | \$ | _____ |
| INCIDENTALS: | Per overnight stays only | \$17.30 | _____ | # nights(s) | = | \$ | _____ |
| PRIVATE ACCOMMODATION: | | \$50.00 | _____ | # day(s) | = | \$ | _____ |
| MILEAGE: | | | | | | | |
| | From (physical address): _____ | | To: (physical address): _____ | | | | |
| | \$ | 0.51 | X | | | \$ | _____ |
| | | | | # Round-trip Kms | | | |

ORIGINAL RECEIPTS ARE NECESSARY TO RECEIVE REIMBURSEMENT FOR:

**** Please include name even if not claiming**

*** Please include return fare**

| | | | |
|---|-----------------------|--|------------------------|
| ACCOMMODATIONS: | | Commercial: (room, taxes and parking only) | |
| Was this billed directly to the FNHA <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| ** Hotel Name: | ightly rate: \$ _____ | X | # of day(s) = \$ _____ |

| | | | |
|-------------------|------------------------|---|--|
| TRAVEL: | | MUST INCLUDE ITINERARY AND INVOICE (E-TICKET) | **Please include name even if not claiming |
| Airfare: | ** Airline Name: _____ | | \$ _____ |
| | From: _____ | To: _____ | |
| Other: | | | |
| Parking | Daily rate: _____ | X | # of day(s) = \$ _____ |
| Taxi | From: _____ | to | _____ \$ |
| Airporter/Shuttle | From: _____ | to | _____ \$ |
| Ferry | From: _____ | to | _____ \$ |
| Ferry | From: _____ | to | _____ \$ |
| Others(Specify) | _____ | | _____ \$ |

TOTAL AMOUNT CLAIMED \$ _____

Submitted by: _____
(Please print)

Submit to:
First Nations Health Authority
Attn: Accounts Payable
501-100 Park Royal South
West Vancouver, BC V7T 1A2
Ph: 604-693-6500

For Office Use Only

APPROVED BY: _____

| | | | | | |
|----------------|--------------|---------------|--------------|--------------|---------------|
| ACCOUNT CODES: | 63004 | 600120 | 99041 | 10044 | 000000 |
| | G/L Code | Cost Centre | Program | Project | Location |