## PIC Reimbursement Checklist







Please use the checklist below to ensure you have fully/appropriately completed your reimbursement claim form.

Please note: your form will be returned if any of the required information is unclear or missing, which will result in a delay in processing your claim.

I have	1					
• indicated if this is my 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> application						
<ul> <li>indicated the percentage (%) in the 'contract status' part of the form</li> </ul>						
<ul> <li>ensured that there are separate amounts entered for both 'lodging' and 'parking'. (You will need to calculate this yourself.)</li> </ul>						
<ul> <li>ensured that the daily exchange rate when transaction occurred is indicated on the receipts. If you paid in non-Canadian funds,</li> </ul>						
please include a copy of a credit card statement showing the exchange rate of the day. Failure to do this will result in you being						
reimbursed for the face value in Canadian dollars.)						
<ul> <li>handwritten 'breakfast' 'lunch' or 'supper' on the appropriate receipts</li> </ul>						
<ul> <li>entered days (number of whole or half days) and the substitution costs in the provided sections (not minutes)</li> </ul>						
• provided a Google map for the 'Transportation' section and indicated on this map that I have doubled the km value if I am claimin	g					
a return trip						
<ul> <li>indicated if I car-pooled and given the name of the other applicant</li> </ul>						
included bus/taxi receipts where necessary						
signed my individual reimbursement claim form						

PLEASE NOTE: your reimbursement claim is dependent on the reception of a hard copy of your form and original receipts.

Electronic versions (pdf, scanned documents etc.) will not be processed so sending these via e-mail will NOT expedite the process!

If you have a question about your claim, please contact Rosa Lucifero ONLY by email at rlucifero@swlauriersb.qc.ca.



## LAURIER TEACHERS UNION AND SIR WILFRID LAURIER SCHOOL BOARD PROFESSIONAL IMPROVEMENT COMMITTEE

## <mark>2022-2023</mark>





## INDIVIDUAL REIMBURSEMENT CLAIM FORM

L) 13" 2022-2023 Application	LJ Z"" ZUZZ-ZU	JZS A	opiication		ozs Application		
MUST COMPLETE CONTRACT STATUS: FULL-TIME  PART-TIME  PERCENTAGE:  I CONFIRM THAT I AM A QUALIFIED TEACHER (HAVE A BREVET)							
REIMBURSEMENT WILL ONLY BE MADE FOR EXPENSES SUPPORTED WITH <u>DETAILED ORIGINAL</u> RECEIPTS. (NO ALCOHOL) PLEASE ALLOW 4 TO 6 WEEKS FOR REIMBURSEMENT ONCE READY TO PROCESS							
IMPORTANT – all information submitted in this form refers to the reimbursement for ONE individual teacher. Accordingly no joint receipts for meals, lodging or travel will be accepted or processed							
NAME:			SCHOOL:				
EMPLOYEE NUMBER:			E-MAIL:		@swlauriersb.qc.ca		
HOME ADDRESS: POSTAL CODE:							
TITLE OF CONFERENCE/WORKSHOP:							
DATE(S):	PRES	PRESENTED BY/LOCATION:					
REGISTRATION COSTS		SUBSTITUTION: NUMBER OF DAYS USED: EX: 1, 1.5, 2, 2.5, etc.					
LODGING		DATE(S):					
MEALS: MAXIMUM ALLOWABLE: BREAKFAST: \$15 LUNCH \$20 SUPPER: \$33 Please note that the permitted allocation of funds per meal (breakfast/lunch/supper) will be strictly enforced unless;  a) Your activity involved an overnight stay b) The claim is for the day of the activity itself		reimb \$242.	oursed directly to 00 / DAY OR	T(S) This amount o you 150 MINUTES OR			
PARKING		TRAVELLING TO WORKSHOP/CONFERENCE: CLOSEST POINT OF DEPARTURE: HOME OR SCHOOL EXAMPLE: FROM RAWDON TO OTTAWA					
TRANSPORTATION:km x\$0=\$	FROM: TO: IF CARPOOLING, THE COST OF RENTAL CAN BE SPLIT. Can claim rental and fuel NOT mileage. NAMES carpooled with:						
TOTAL SUBSTITUTION COSTS: (FROM NEXT COLUMN)							
GRAND TOTAL:			SIGNATURE: DATE:				
THIS SECTION IS RESERVED FOR THE PROFESSIONAL IMPROVEMENT COMMITTEE							
APPROVED TOTAL: Maximus			be reimburse	d to teacher			
NUMBER OF SUBSTITUTION DAYS		SUBSTITUTION COST \$242.00 /DAY OR \$121.00 /HALF-DAY					
DATE:	NSES						