

EXPENSE CLAIM REIMBURSEMENT FORM

| Name of Participant: | |
|---|--|
| Community/Organization Represented: | |
| Business Address: | |
| Business Phone Number: | |
| Email Address: | |
| Other Contact Details (if applicable): | |
| Name of community or organization that payment should be made to: | |
| | |

INSTRUCTIONS FOR COMPLETING FORM

- 1. Complete each of the sections for which you are claiming reimbursement.
- 2. Please attach copies of the receipts received from each vendor (receipts for meal expenses not required).
- 3. Sign and date the form.
- 4. Please send the completed form and receipts to:

IESO

Attention: Clare Gutjahr, Advisor, FNMR 1600-120 Adelaide Street West Toronto, ON M5H 1T1

Email: IndigenousRelations@ieso.ca

Please note that expense claims are processed so as to comply with the Government of Ontario's Travel, Meal & Hospitality Expense Directive. Reimbursement will be provided only for those expenses related to attending an IESO meeting or event. The Travel, Meal & Hospitality Expense Directive can be found here:

https://www.ontario.ca/document/travel-meal-and-hospitality-expenses-directive

| Signature of Participant | Date |
|--------------------------|------|
| | |

| AIR TRAVEL | | | | | | | |
|--|--------------------------------------|---|-------------------|-----------------|------------------------------|------------|--------------------|
| Date travelled: | Airline: | Departure City: | Destinat | tion City: | Cos | t: | HST: |
| Date travelled: | Airline: | Departure City: | Destination City: | | Cos | t: | HST: |
| Date travelled: | Airline: | Departure City: Destination | | tion City: | on City: Cost: | | HST: |
| Date travelled: | Airline: | Departure City: Destinat | | tion City: | on City: Cost: | | HST: |
| | | | : | SUB-TOT | AL HST: | \$ | |
| | | SUB-TOTAI | FOR AIRLIN | E TRAVE | L COST: | \$ | |
| TRAVEL BY TAX | | 100/ | C .1 . C | | | | |
| Date(s): | From: | ent for a taxi tip is 10% o To: | Amount Pa | nid: | HST Paid | : | Tip Paid: |
| Date(s): | From: | To: | Amount Pa | id: | HST Paid | : | Tip Paid: |
| Date(s): | From: | To: | Amount Pa | Paid: HST Paid: | | : | Tip Paid: |
| Date(s): | From: | To: | Amount Pa | nid: | HST Paid | : | Tip Paid: |
| | | SUB-TOTAL FOI | R TAXI TIPS: | \$ | | | |
| | | | HST: | \$ | | | |
| | | , | SUB-TOTAL: | \$ | | | |
| TRAVEL BY RE. Please note: trave car to determine el | l by rental car must l | be pre-approved by the H | ESO. Please co | ntact IESC | FNMR pr | ior to boo | oking a rental |
| Rental Date(s): From: To: Return trip? (Y/N) | | | | | rip? (Y/N): | | |
| | | | HST: | | | | |
| | | | TOTAL: | | | | |
| | TRAVEL BY PERS | | | | | | |
| Please use Google Date travelled: | maps to calculate yo Travelled fr | our mileage and include of rom: Travelle | | | <i>ance indic</i> ace in km: | | eturn trip? (Y/N): |
| | | | | | | | |
| Date travelled: | Travelled fr | rom: Travelle | ed to: | Distan | ce in km: | Re | eturn trip? (Y/N): |
| | | | | Reimbi | arsement a | mount: | |
| Northern Ontario rate: Total km travelled:x \$0.41/km = \$ | | | | | | | |
| Southern Ontario rate: Total km travelled:x \$0.40/km = \$ | | | | | | | |
| | | | | | | | |

| PARKING F | OR RENTAL OR | PERSONAL CAL | 2 | | | | | |
|--|--|----------------------------|------------------|----------------|------------------------------|---------------|-----------|--|
| Date: | Location: Cost of Parking: | | HST | Paid: | | | | |
| Date: | Loc | ation: | Cost of Parking: | | | Paid: | | |
| Date: | Loc | Location: Cost of Parking: | | | HST Paid: | | | |
| | | | | | T | | | |
| | | | | OTAL FOR HST: | ' | | | |
| A CCOMMA | AD A TION | | TOTAL CO | ST OF PARKING: | \$ | | | |
| ACCOMMO Dates: | | of Hotel and City: | I | IST Paid: | Total | Amount Paid i | ncl. HST: | |
| Dates: | Name o | of Hotel and City: | I | IST Paid: | Total Amount Paid incl. HST: | | | |
| Dates: | Dates: Name of Hotel and City: HST Paid: | | | HST Paid: | Total Amount Paid incl. HST: | | | |
| | SUB-TOTAL OF HST: \$ | | | | | | | |
| | TOTA | AL COST OF ACC | OMMODATION I | NCLUDING HST: | \$ | | | |
| MEALS Meal expenses are reimbursed at the following rates: breakfast \$10; lunch \$12.50; dinner \$22.50. Receipts are not required however please indicate the date of each meal, the date and the allowed amount. Reimbursement will not be provided for meals included in the cost of seminars or conferences. | | | | | | | | |
| Date o | of Meal | Type of Meal (circle one) | | | Claim Amount (circle one) | | | |
| | | Breakfast | Lunch | Dinner | \$10 | \$12.50 | \$22.50 | |
| | | Breakfast | Lunch | Dinner | \$10 | \$12.50 | \$22.50 | |
| | | Breakfast | Lunch | Dinner | \$10 | \$12.50 | \$22.50 | |
| | | Breakfast | Lunch | Dinner | \$10 | \$12.50 | \$22.50 | |
| | | Breakfast | Lunch | Dinner | \$10 | \$12.50 | \$22.50 | |
| | | Breakfast | Lunch | Dinner | \$10 | \$12.50 | \$22.50 | |
| | | | TOTAL (| COST OF MEALS: | | | | |
| | | | | TOTAL HST: | \$ | | | |
| | TO | TAL OF ALL EXI | PENSES, NOT IN | CLUDING HST: | \$ | | | |
| NOTES: | | | | | | | | |

Guidelines from the Government of Ontario Travel, Meal and Hospitality Expenses Directive

Travel

Please use the most practical, direct and economical mode of transportation. Eligible travel expenses include:

- Air travel that is booked in economy class on regularly scheduled routes
- Rental vehicles pre-approved by IESO FNMR and associated gasoline expenses. Contact FNMR at IndigenousRelations@ieso.ca to determine eligibility for renting a vehicle prior to attending the event.
- Mileage incurred when a claimant uses their personal vehicle. Claimants should provide a printout from Google Maps to evidence their mileage, from their beginning and end points, using the Directions feature. Mileage shall be reimbursed at the following rates:

| Area of Province | Mileage Rate |
|--|----------------------|
| Northern Ontario (including the District of Muskoka and all areas north of Muskoka | \$0.41 per kilometre |
| Southern Ontario (all areas south of the District of Muskoka | \$0.40 per kilometre |

Accommodation

Accommodation will be reimbursed based on single occupancy at a reasonable/economical rate, considering all relevant circumstances. Please use the federal government's accommodation directory for selecting hotel accommodation. It can be found at:

http://rehelv-acrd.tpsgc-pwgsc.gc.ca/acrds/hebergement-accommodation-eng.aspx

Meals

Meal expenses will be reimbursed at the meal reimbursement rates, regardless of the actual meal costs: this is a meal allowance. These amounts are inclusive of taxes and gratuities. Receipts are not required to be submitted with meal claims.

Reimbursement will not be provided for meals served at an event that was attended where the meals were provided for free or the cost of the meal was included in the event fee.

| Meal Type | Meal Reimbursement Rate |
|-----------|-------------------------|
| Breakfast | \$10.00 |
| Lunch | \$12.50 |
| Dinner | \$22.50 |