



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

Expense Amounts from Reverse: Mileage \$ _____ Accommodations \$ _____

Meals \$ _____ Dependent Care \$ _____ Release Time _____ day(s)

Reason for Request (List tems/Fees): _____

TOTAL AMOUNT: \$ _____

Make Cheque Payable to: _____

Send via School Mail – Location Name: _____

-- or --

Send via Mailing Address: _____

Address: _____ City: _____ Postal Code: _____

SIGNATURE: _____

FOR TREASURER'S USE ONLY

VERIFIED BY _____ AND _____

DATE OF PAYMENT _____ CHEQUE #: _____

ACCOUNT NUMBER(S) _____

ACCOUNT TOTAL(S) _____

**TRANSPORTATION SEPTEMBER 1, 2025, TO DECEMBER 31, 2025 – \$0.72/KM
TRANSPORTATION ON OR AFTER JANUARY 1, 2026 - \$0.73/KM**

\$ 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 \$150.24 (Sept-Dec 2025) – ATTACH DETAILED RECEIPTS
ACCOMMODATION – MAX. CLAIMS – SINGLE \$154.97 (Jan 2026+) – ATTACH DETAILED RECEIPTS**

1. Hotel Charge _____ Dates of stay: _____
2. Other - up to \$75.12/night (Sept-Dec 2025) – staying with friends / relatives on dates
up to \$77.49/night (Jan 2026+) _____
 - 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 \$21.00 on dates _____
2. Lunch – up to \$31.00 on dates _____
3. Dinner – up to \$43.00 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 \$19.77 / HR – DOES NOT INCLUDE SPOUSE

Name of Caregiver / Facility _____

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

- Claim actual expenses up to \$19.77 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) _____