



# TRAVEL POLICY & REIMBURSEMENT FORM

Board of Directors, Committee and Council Members

Please complete and forward this form, along with receipts for all related travel expenses claimed, to the CHBA National Office by email to [finance@chba.ca](mailto:finance@chba.ca), or by mail, to be reimbursed for your eligible expenses.

## Eligibility for Meeting Travel Expense Reimbursement

- Members of the CHBA National Board of Directors
- Local or Provincial HBA member appointees to CHBA's Urban Council
- The management committees of Technical Research Committee, Canadian Renovators' Council and the Women in Residential Construction Council

## Eligible Expenses

### (A) Air - Lowest economy airfare recommended.

*Please note: Due to baggage charges or a known potential need to change/cancel a flight, if an economy fare better accommodates those considerations and will ultimately be the most affordable option, it will be allowed (e.g. on Air Canada, Porter Airlines and West Jet economy & standard fares up to "Flex" are eligible if appropriate).*

### (B) Taxi - Travel to and from airport to place of meeting. Use of courtesy shuttle service when available is appreciated.

### (C) Personal Car - If travelling by car, mileage will be reimbursed:

- Use National Joint Council rates, per table on the right (no receipt required, but details, i.e. number of km to be provided).
- If parking charges were incurred, please attach receipt.

*Please note: If airfare would be less expensive than mileage, and you choose to drive, then you will be reimbursed for the equivalent of the cost of airfare.*

NJC Allowances (Eff. July 1, 2025)	
Location	Cents/km (taxes incl.)
AB	57
BC	60
MB	56.5
NB	60
NL	62
NS	60
ON	62.5
PE	59
QC	60.5
SK	56

<b><u>REQUEST FOR REIMBURSEMENT</u></b>		
Please make payment to:		
NAME _____	TELEPHONE NUMBER _____	
ADDRESS _____		
CITY _____	PROVINCE _____	POSTAL CODE _____

NAME \_\_\_\_\_

ASSOCIATION COMMITTEE/COUNCIL \_\_\_\_\_

DATE OF MEETING \_\_\_\_\_

AIRFARE (ATTACH RECEIPT) \$ \_\_\_\_\_ OR MILEAGE: \_\_\_\_\_ KM @NJC rate/km

TAXI / PARKING (ATTACH RECEIPTS) \$ \_\_\_\_\_

**TOTAL CLAIMED \$ \_\_\_\_\_**

\_\_\_\_\_  
SIGNATURE (for paper copies only)

\_\_\_\_\_  
DATE