



TRAVEL POLICY & REIMBURSEMENT FORM

Executive Committee, Council and Committee Chairs, and Net Zero Council Management Committee

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, or by mail, to be reimbursed for your eligible expenses.

Eligibility for Meeting Travel and Accommodation Expense Reimbursement

- Executive Committee Members
- Chairpersons of the Technical Research Committee, Executive Officers' Council, Canadian Renovators' Council, Urban Council and Women in Residential Construction Council
- Management Committee Members of the Net Zero Council

Eligible Expenses

(A) Air - Lowest economy airfare recommended. *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:

- i) Use National Joint Council rates, per table on the right (no receipt required, but details, i.e. number of km to be provided).
- ii) 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

(D) Accommodations – If a room block is reserved by CHBA, accommodation must be booked at the CHBA-designated hotel unless sold out. Cost of hotel accommodations will be limited to reasonable amounts in the particular circumstance and normally will not exceed single occupancy rate.

<u>REQUEST FOR REIMBURSEMENT</u>		
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/\$ _____

TAXI / PARKING (ATTACH RECEIPTS) \$ _____ HOTEL: \$ _____

TOTAL CLAIMED \$ _____

SIGNATURE (for paper copies only) _____
DATE