

# **Travel Expenses**

PEMAC is a nonprofit professional association with a history of personal sacrifices and contributions that have brought the Association to where it is today.

We continue to be committed to ensuring the most cost effective use of member's dues therefore every effort should be made to combine PEMAC travel with PEMAC employer sponsored travel where reasonable and practical. Limited funding has been budgeted to subsidize volunteer travel, as necessary, for the following purposes, listed in priority order:

- 1. PEMAC members who work for asset-owning companies
- 2. PEMAC members whose abstracts have been selected for MainTrain. The goal here is to increase the number of practitioner presentations at MainTrain
- 3. Individuals receiving awards at MainTrain
- 4. PEMAC Directors and Chapter Leaders to attend an annual face-to-face meeting
- 5. PEMAC volunteers to give presentations at associated events on behalf of PEMAC Preference will be given to individuals who have not submitted PEMAC travel expenses in previous year(s)

## **Procedure**

### **Application**

Email the "Request for Travel Assistance Form" below to events@pemac.org in advance of the intended travel.

PEMAC Executive Director and one member of the PEAMC Executive Committee must approve requests before expense claims will be paid. Expense claim form will be supplied when a request is approved (if not, please request one).

#### Rates

Reasonable hotel, meals, and airfare expenses will be reimbursed at cost. Personal vehicle mileage rates will be indexed to the Revenue Canada "automobile allowance rates". For 2020 those rates are:

59¢ per kilometer for the first 5,000 kilometers driven; and 53¢ per kilometer driven after that

## Reimbursement

Complete the expense reimbursement form, attach receipts and email to events@pemac.org

Payment will be made via cheque within 30 days of completed expense form and receipts have been received.







# **Request for Travel Assistance Form**

Name			
Purpose of Trip			
Date of Submission			
Expected Cost			
Employer Funded Amount			
Personally Funded Amount			
Amount requested from PEMAC travel budget:			
PEMAC Business Justification / role / reason for request:			
<ul> <li>Indicate whether you have pursu</li> <li>Employer has been approace employers requirements)</li> <li>Self-employed and can't afforther business</li> </ul>	hed and refused or has on	y provided partial funding	
Retired			
Other (specify)			
Office Use:			
Name of reviewer:	Approved date:	Declined date:	
Reviewer comments:			