



WITNESS EXPENSE CLAIM - PROCEDURE

PRIOR TO THE APPEARANCE

1. **The witness MUST consult with the clerk of the committee:**
 - To indicate intention to claim travel expenses; and
 - If more than one witness per organization wishes to claim travel expenses¹
2. **The witness MUST review these expense claim procedures and guidelines BEFORE MAKING ANY TRAVEL ARRANGEMENTS. Note that travel should include:**
 - The most direct² and economical³ (for air travel, reduced fare tickets are encouraged) mode of travel available between their residence/workplace and the location of the committee appearance; and
 - The minimum number of nights lodging required for the appearance (consult the clerk of the committee for any clarifications). Only the room charge (up to a maximum amount of \$250 per night) plus applicable taxes will be reimbursed.

DURING TRAVEL

Obtain paper copy receipts and boarding passes for submission with the Expense Claim Form following the appearance.

FOLLOWING THE APPEARANCE

3. **Prepare the Witness Expense Claim Form.**
 - Deadline to submit the claim is **60 calendar days** from the date of appearance. All claims beyond this limit may be denied.
 - **The claim MUST:**
 - i. Be submitted on the Witness Expense Claim Form provided to each witness;
 - ii. Be accompanied by original receipts, invoices, vouchers and/or travel boarding passes;
 - iii. Be clearly identified by date, type of expense, and purpose; and
 - iv. Contain the original signature of the witness.
 - Claims improperly prepared, without the witness' original signature and/or not supported by documentation may be returned to the witness by the clerk of the committee, with reasons given for not processing the claim.
4. **Submit the Witness Expense Claim Form.**
 - If possible, scan a copy of the completed claim form and all receipts, and email them to the clerk of the committee for review and pre-approval.
 - Once pre-approved, mail the signed claim form (page 3 and 4) and all original receipts to the attention of the clerk of the committee at the following address:

Committees Directorate The Senate of Canada Ottawa, Ontario	K1A 0A4.
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¹ The chair of the committee must pre-approve any request for a second witness from an organization.

² Additional costs incurred for indirect routes or stopovers taken for personal or non-Senate related business will not be reimbursed.

³ Where at all practical, the witness is encouraged to purchase reduced fare tickets. In the event that the appearance before the committee is rescheduled or cancelled, any costs or penalties incurred when making changes or to cancelling the ticket will be covered by the committee up to the amount of the reduced ticket price. If credits are issued to the witness when the ticket is cancelled, the witness will be required to use those credits to travel to a future meeting of the committee, should they be rescheduled as a witness.



WITNESS EXPENSE CLAIM - GUIDELINES

TRANSPORTATION

- Travel by air, train and/or bus – proof of payment and use** – **The receipt for ticket purchase, demonstrating proof of payment, and the original paper copy boarding passes must accompany the Claim Form** if air, train or bus fare is claimed.
- Witnesses will be reimbursed up to a maximum of one return economy fare incurred for the most direct route of transportation between their place of residence/workplace and the location of the committee appearance.
- Travel by vehicle** – Rates are established by the Treasury Board of Canada Secretariat. Refer to section B.1. of the Claim Form for current rates.
- A map printout (ie. Google Maps, Bing Maps, Yahoo Maps, MapQuest, etc.) **MUST BE ATTACHED** to the Claim Form, indicating the start and end addresses/locations and the number of kilometers claimed.
- Parking** – Parking charges with original receipts may be reimbursed (not applicable for residents of the National Capital Region)
- Taxis** – Reimbursement for taxi fares may be approved when supported by original receipts.

ACCOMMODATION

- Maximum room charge** – The least number of nights' accommodation required for the appearance of the witness will be reimbursed. Only the room charge (**up to a maximum amount of \$250 per night**) and applicable taxes will be reimbursed.
- Room service and other expenses that are of a personal nature are not reimbursable.
- Other expenses** – If a witness requests reimbursement for long distance charges and/or internet service, a written explanation must accompany the Claim Form, explaining why such services were required for the witness' appearance before the committee.

MEALS & INCIDENTALS

- Per diems** – The cost of meals is reimbursed up to the maximum daily allowance (established by the Treasury Board of Canada Secretariat) based on the travel itinerary of the witness and receipts are not required. Eligible meals are calculated based on the time the witness leaves for the committee meeting and the time the witness returns to his or her residence or workplace. Witnesses should not make a claim for meals where a complimentary meal (e.g. breakfast included at hotel) has been provided.
- **Refer to the following when completing the Claim Form, section B.3.:**
 - If the witness left their residence/workplace after*
 - 9:00 a.m. – not eligible for the breakfast allowance
 - 2:00 p.m. – not eligible for the breakfast and lunch allowances
 - 8:00 p.m. – not eligible for any of the daily meal allowances, but may claim the incidental allowance if necessary
 - If the witness returned to their residence/workplace*
 - Before noon – eligible for the breakfast allowance
 - In the afternoon – eligible for the breakfast and lunch allowances
 - After 7 p.m. – eligible for all of the daily meal allowances and the incidental allowance



WITNESS EXPENSE CLAIM – FORM

Each claimant should review the expense procedure and documentation guidelines, sign this form, and attach all supporting hard copy documentation.

This package should be submitted to the clerk of the committee **no later than 60 days following the appearance.**

A. Witness, Committee and Reimbursement Information

Committee:	Date of Appearance:
Name of Witness:	Witness' organization: (if applicable)
Telephone:	Email address:
Reimbursement payable to:	Method of payment: Cheque Direct deposit
Address:	

B. Expense

1. Transportation <i>(ensure that original receipts for purchase and paper copy boarding passes are attached)</i>					Amount claimed
Air	Train	Bus			
Private vehicle ⁴					
Parking fees and/or toll fees					
Taxis and/or shuttle and/or ferries					
Other					
2. Accommodation					Amount claimed
Hotel ⁵ <i>(ensure that receipt is attached)</i>					
Private non-commercial <i>(\$50 reimbursement per night)</i>					
3. Meals and Incidentals <i>(receipts not required)</i>					Amount claimed for per diems
<i>Per diem</i>	<i>Date(s)</i>	<i>Number #</i>	<i>Rate</i>	<i>Total</i>	
Breakfast			x		
Lunch			x		
Dinner			x		
Incidental			x		
4. Other – please specify <i>(requires the prior authorization of the clerk of the committee)</i>					Amount claimed
TOTAL EXPENSE CLAIMED:					
Additional information:					

⁴ Ensure that a map printout (ie. Google Maps, Bing Maps, Yahoo Maps, MapQuest, etc.) is attached indicating the start and end addresses/locations and the number of kilometers claimed. Current rates by province/territory available at www.njc-cnm.gc.ca/directive/index.php?sid=97&hl=1&lang=eng.

⁵ The least number of nights' accommodation required for the appearance of the witness will be reimbursed. Only the room charge (up to a maximum of \$250 per night) and applicable taxes will be reimbursed.

Tracking # :

WITNESS EXPENSE CLAIM – FORM *(continued)*

C. Witness Certification

I hereby certify that I have expended the amounts indicated or that the amounts were expended on my behalf by the organization that I represent; that the account stated herein is correct and final in all respects; and that the expenses were incurred as a result of appearing before the above committee. I further certify that none of these expenses have been or will be claimed from any other source.

Signature: _____

Date: _____

D. Direct Deposit Authorization

Please complete this section if you would like to register for direct deposit (or if the banking information that you have previously submitted has changed). Please attach a void cheque (or a photocopy of it) from your bank. This option can only be used for payments deposited in Canada. An email will be sent to the email address provided in Section A of this form to notify you of the direct deposit.

I, as the person entitled to receive the payments or as their representative, authorize the Receiver General for Canada to deposit payments directly into the bank account information associated with the attached cheque (or photocopy) until further notice.

Signature: _____

Date: _____

To be completed by the Finance and Procurement Directorate

Entered by: _____

Date: _____

Date received in FMO: _____

E. Internal Certification *(to be completed by the Committee's Directorate)*

Certified pursuant to Rule 12-25 of the Rules of the Senate that the witness attended before the Committee by invitation or summons.

Signature of Chair or Clerk of the Committee

Date

Principal Clerk of Committees

Date

Order of Reference *(including the committee reference (RC#) number and number of bill or special study reference)*

Date received by the Clerk: _____

Date submitted to Finance: _____

Notes: