

ElderActive Recreation Association

4061 –4th Ave, Whitehorse, YT Y1A 1H1

TRAVEL/Accommodation POLICY & CLAIM FORM FOR PAID UP MEMBERS

This policy was approved by motion on April 24th, 2023 by the ERA Board of Directors.

When funds permit, ERA will reimburse members traveling to Whitehorse for an Annual and Semi-Annual Meeting, Yukon Games and ERA Board sanctioned Special Events, at the following rates. The rate is based on it being a **round-trip**, per vehicle per trip, with two to four members per vehicle insofar as that is possible.

For Travel between communities (for example a trip from Teslin to Atlin) When funds permit, for ERA Board sanctioned events, travel will be reimbursed at a rate of **\$0.69/km for the one way distance**. ***If more than one member claims travel for the same date and event, and none of the vehicles were full, the reimbursement will be divided proportionally at the discretion of the ERA Executive.***

One Way Distances/ return trip rates:

Atlin, BC 182 km \$125	Dest Bay 265 km \$183	Ross River 360 km \$248
Beaver Creek 457 km \$315	Faro 356 km \$246	Stewart Xing 354 km \$244
Carcross 74 km \$51	Haines Jn 158 km \$109	Tagish 102 km \$70
Carmacks 175 km \$121	Marsh Lake 68 km \$47	Teslin 208 km \$143
Dawson City 536 km \$370	Mayo 407 km \$281	Watson Lake 454 km \$313

ACCOMMODATION

1. When funds permit, ERA will pay a **total** of 50% of the basic cost of each hotel room, (**shared when possible**) up to a maximum of two nights, for members who travel more than 63 miles (102 km) to attend an ERA Board sanctioned event in Whitehorse. The remaining 50% of the hotel room cost will be the responsibility of those who share the room, **OR**
2. When funds permit, ERA will compensate members \$20.00 per night for up to 2 nights, if they choose to stay with family or friends while attending an ERA Board sanctioned event in Whitehorse.

Name _____ **Passengers:**

Mailing Address _____ Postal Code _____ 1 _____

Phone _____ Purpose of this Trip _____ 2 _____

Travel From _____ to _____ Date _____ 3 _____

THIS CLAIM Travel (as above) \$ _____ 4 _____

Accommodation (shared with) _____ \$ _____
(Receipt attached if applicable)

TOTAL \$ _____

Date Claim Submitted _____

Signature _____

This policy passed by Board Motion April 24th. 2023

<p><i>ERA use only:</i> Board approved _____ Paid by cheque # _____</p>
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