



Alberta Horticultural Association *Education Program*

Speaker Reimbursement Program Information

The Alberta Horticultural Association Education Speaker Reimbursement Program was initiated in 1975 to encourage qualified speakers to travel and provide Affiliates with horticultural educational information.

Please note the regulations and follow them carefully to obtain your speaker and his/her reimbursement.

1. Each Affiliate may apply for ONE Speaker Reimbursement per year.
2. The maximum reimbursement paid by the AHA is \$165.00 (\$125 maximum travel @ \$0.40/km + \$40 maximum honorarium). Travel expenses should be claimed only for actual distance traveled.
3. **Affiliates may pay the speaker more than the amount of the grant but the additional payment is the responsibility of the Affiliate.**
4. Affiliates may choose their own speaker OR may contact their AHA Zone Rep for recommendations.
5. To confirm the funds are available, the Affiliate must contact their AHA Zone Rep PRIOR to engaging a speaker. This should be done as far in advance as possible.
6. Once the AHA Zone Rep has approved the Affiliate to engage a speaker, the Affiliate may make the appropriate arrangements with the speaker.
7. A Speaker Reimbursement Form will be sent to the Affiliate by the AHA Zone Rep. The Affiliate is to complete this form after the event and submit the completed form to the AHA Zone Rep, for payment, as specified on the Form.
8. The Affiliate is to pay the speaker at the presentation.
9. Upon receipt of the completed form (from AHA Zone Rep), the AHA Treasurer will issue payment to the Affiliate.

Please encourage individuals with your Society/Club to register their names with the AHA Zone Rep if they have an area of expertise that they are willing to share with others.

Find a list of AHA Zone Representatives, along with their contact information, at www.abhorta.ca



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Speaker Reimbursement Form

Complete this form and submit it to your AHA Zone Rep after you have paid your speaker. For a list of AHA Zone Representatives and their contact information, visit www.abhorta.ca

Affiliate Information:

Society/Club Name: _____

Contact Person: _____

Mailing Address: _____

Telephone: _____ City _____ Province _____ Postal Code _____
Fax: _____

Email: _____

Speaker Information:

Name: _____

Address: _____

Telephone: _____ City _____ Province _____ Postal Code _____
Fax: _____

Email: _____

Presentation Information:

Date (of presentation) _____ Number attending _____

Topic: _____

Would you recommend this speaker to other Affiliates? YES NO

Comments: _____

Expense Information:

Travel: (to a maximum of \$125) _____ km @ \$0.40/km = \$ _____

Honorarium: (maximum of \$40) \$ _____

Total Requested: \$ _____

For AHA use only:

Reimbursement authorized: _____ Payment made \$ _____ Cheque # _____ Date: _____