



Name: \_\_\_\_\_

Date Expense Incurred: \_\_\_\_\_

Executive Position: \_\_\_\_\_

## CUPE 3761 Expense Claim Form

Members may claim expenses as per Section 9 of CUPE 3761 Bylaws as follows:

- Salary replacement for CUPE 3761 reps on approved union business (LOA form must be attached);
- Meal per diems in accordance with CUPE / SUN Collective Agreement;
- Accommodations; and
- Travel expenses in accordance with the CUPE / SUN Collective Agreement.

Reason Expense Incurred: \_\_\_\_\_

Billed to SUN       Billed to CUPE 3761

	For Office Use Only						
<b>1. Accommodations (Attach Receipts)</b> Hotel _____ # Nights _____ Date from _____ to _____ Amount Claimed \$ _____	Total \$ _____						
<b>2. Mileage</b> Date _____ Return Trip? Y / N Travel from _____ to _____ Total Kilometres Claimed _____	Mileage rate _____  Total \$ _____						
<b>3. Meals</b> Breakfast (\$15.00 per diem in Prov.; \$22 out of Prov) = _____ Lunch (\$20.00 per diem in Prov; \$27 out of Prov) = _____ Supper (\$30.00 per diem in Prov; \$46 out of Prov) = _____	Total \$ _____						
<b>4. Other Expenses (parking, bus, airfare, etc. - Attach Receipts)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Amount</td> <td>Description</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Amount	Description	_____	_____	_____	_____	Total \$ _____
Amount	Description						
_____	_____						
_____	_____						
	<b>Total Claim \$</b> _____ <b>Cheque #</b> _____ <b>Motion #</b> _____ <b>Budget Line</b> _____						

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved By CUPE Executive Member: \_\_\_\_\_

Date \_\_\_\_\_

Treasurers' Signature \_\_\_\_\_

Date Paid \_\_\_\_\_