



Member Data

Name: _____ S.I.N. _____ Local _____

Address: _____

Postal Code: _____ Phone - Home: _____ (Work) _____

Meeting / Event Data

Name of meeting: _____

Date: _____

Location: _____

Chair/Staff: _____

Date	Explanation/Reason for Claim	Wages		Travel		Meals				Family Care		Hotel	Misc. Expenses	Receipts Attached		ACCOUNTING USE ONLY
		501615	501617	501602	Total	501604				501641		501605	Airfare, Parking, etc.	YES	NO	
		Wages	Own Time	Km's driven \$.50 per Km.		B	L	D	Total	Family Care Claim	Amt.	From				
					\$0.00	12	17	27	\$0.00			\$0.00				
					\$0.00				\$0.00			\$0.00				
					\$0.00				\$0.00			\$0.00				
					\$0.00				\$0.00			\$0.00				
					\$0.00				\$0.00			\$0.00				
					\$0.00				\$0.00			\$0.00				
					\$0.00				\$0.00			\$0.00				

This expense report is to be completed in full. _____

Was Union Leave required ___ No ___ Yes. If Yes, attach member's signed copy of leave form if not already forwarded.

I certify that the above is a true statement of disbursements made by me for the reasons noted above.

Signature _____ Date: _____

Note: In order to avoid unnecessary delay in processing, please check that:
 (a) this form is properly completed; (b) all required receipts have been attached.
 Forward original copy to OPSEU. Retain YELLOW copy for your records.

Cost Centre: _____

Activity: _____

Processed By: _____

Entered By: _____

Date entered: _____

(For OPSEU use only)

Less advances _____

Balance owing to member (refund to OPSEU) _____

Authorized By chairperson/staff: _____

Payment approved by: _____

Date approved: _____

Ontario Public Service Employees Union
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