

CUPE LOCAL 15 - VMECW

545 West 10th Avenue, Vancouver, BC V5Z 1K9

Tel: (604) 879-4671 Fax: (604) 879-7582

www.cupe15.org email@cupe15.org



EXPENSE CLAIM

Name: _____

Mailing Address: _____ Worksite: _____

City: _____ Phone: _____

Postal Code: _____ Email: _____

Meeting/Event: _____ Mtg/Event Date: _____

Mileage: Personal vehicle mileage *(per summary below)* \$ _____ *

Travel: Bus / Transit \$ _____

Parking \$ _____

Other _____ \$ _____

(specify)

Accommodation: Hotel paid personally (Room and taxes only) \$ _____

Meals/Per Diem: Lunch - all day meetings, paid personally - max \$15/lunch \$ _____

Dinner -evening meetings, paid personally - max \$25/dinner \$ _____

Per diem - Out-of-town convention/conference \$74/day X _____ # days \$ _____

Per diem - In-town convention/conference \$35/day X _____ # days \$ _____

Miscellaneous: Child/dependant care (max \$15/hr) \$ _____ /hour X _____ # hours \$ _____
(attach Child/Dependent Care application form)

Other _____ \$ _____

(specify)

Other _____ \$ _____

(specify)

TOTAL CLAIM \$ _____

Vehicle Mileage Summary					
Date	Meeting/Event	From	To	Km's	Rate @ .53/km
					\$
					\$
					\$
					\$
					\$
					\$
TOTALS					\$

Note: Receipts must be attached for all expenses.

Claims will only be accepted within 90 days of the date expenses were incurred.

Expenses other than noted on this form must be authorized in advance by the Secretary-Treasurer or President.

This is to certify that the amounts shown on this claim were incurred by me on behalf of CUPE Local 15.

Signature of claimant: _____ Date submitted: _____

For Office Use: Approved by: _____ Date: _____	Account Distribution		
	Account	G/L #	Amount
			\$
			\$
			\$
	Total		\$