OPSEU

SEFPO

Membership Expense Claim

Member Data (please print)

BPS ❑ CAAT ❑ OPS ❑ OTHER ❑

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

Address: _____

_____

Postal Code: _____ Telephone: (Home) _____ (Work) _____

Meeting Data

NEG. ❑ COMM. ❑ DIV. ❑ CAMP. ❑ GRIEV. ❑ EDUC. ❑

OTHER ❑

Name of meeting: _____

Location: _____

Date: _____ 20 ____ Time: _____ AM ___ PM ___

Chairperson/Staff _____

DATE	EXPLANATION/REASON FOR CLAIM	WAGES (See back of claim)		TRAVEL		MEALS				FAMILY CARE (See back of claim)			HOTEL/ TELEPHONE	MISC. EXPENSES	RECEIPTS ATTACHED		ACCOUNTING USE ONLY
	Describe Union Function Attended.	804	802	702		704				805			705				
		Wages	Own Time	Km.'s driven 34¢ per Km.	Total	B 11	L 14	D 22	Total	Family Care Claim From	To	Amt.		Airfare, Parking etc.	YES	NO	

This expense report form is to be completed in full. Please type or print neatly.

Total _____ _____ + _____ + _____ + _____ + _____ + _____ = _____

Less advances _____

Balance owing to member (refund to OPSEU) _____

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 _____ _____ 20____
Date

Note: In order to avoid unecessary delay in processing, please check to see 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.

For Accounting use only

Account Number: _____

Processed by: _____

Entered by: _____

Date entered: _____

Authorized by chairperson/staff: _____

Payment approved by: _____

Date approved: _____

Ontario Public Service Employees Union
100 Lesmill Road, North York, Ontario M3B 3P8

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PRODUCED BY OPSSU