

CUPE LOCAL 3260  
ONE EXPENSE CLAIM FORM PER MEETING



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

Street Address: \_\_\_\_\_ Postal Box # \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Committee/Expense: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Time: \_\_\_\_\_

Further Details: \_\_\_\_\_

**NOTE: YOU HAVE ONLY 6 WEEKS FROM THE MEETING/EVENT TO SUBMIT YOUR CLAIM FORM AS PER SECTION 9(a)(ii).**

**EXPENSES**

**Mileage:** Traveled from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Kilometers @ \$0.63 \$ \_\_\_\_\_

**Meals:** For in person meeting.

Breakfast - (7am – 10am)	@ \$20.00	\$ _____
Lunch – (11am – 1pm)	@ \$25.00	\$ _____
Dinner – (4pm – 6pm)	@ \$35.00	\$ _____

**Virtual Meeting:** Internet/Data Coverage @15.00/day to a max of \$100/month \$ \_\_\_\_\_

**Other:** List and Attach Receipts  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Total Claim Submitted \$ \_\_\_\_\_

I certify that the above expenses were incurred by me on behalf of CUPE 3260.

Signature: \_\_\_\_\_

**Treasurer's Use Only**

Date of Cheque \_\_\_\_\_ Cheque Number \_\_\_\_\_

**Mail To:**  
**Deborah Ford**  
876 Bannockburn Road  
Clyde River, PE  
COA 1H3

**Signed by President/Treasurer/Secretary** \_\_\_\_\_

**Signed by Trustee** \_\_\_\_\_

**Notes:**