

**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 @ \$0.62 \$ _____

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 _____

Signed by President/Treasurer/Secretary _____

Signed by Trustee _____

Notes:

<p>Mail To: Deborah Ford 876 Bannockburn Rd. Clyde River, PE COA 1H3</p>
