

		Member Data	Member Data (please print)					Meeting Data	y Data		
	BPS□	CAAT	□ S40	OTHER 🗆		NEG. □	NEG.□ COMM.□ DIV.□ CAMP.□ GRIEV.□ EDUC.□	DIV.	CAMP.	GRIEV.	EDUC.
						OTHER					
Name:		S.1	S.I.N./ID	Local:	al:	Name of meeting:	neeting:				
Address:						Location:					
						Date:		20	20Time:	AM PM	PM
Postal Code:	Tele	Telephone: (Home)		(Work)		Chairperson/Staff	on/Staff				

DATE	EXPLANATION/REASON FOR CLAIM	WAGES (See back of	WAGES (See back of claim)	TRAVEL		ME	MEALS	FA (See	FAMILY CARE (See back of claim)	(m)	HOTEL/ TELEPHONE	MISC. EXPENSES	RECEIPTS ATTACHED	ACCOUNTING USE ONLY
	Describe Union Function Attended.	804	802	702		7	704		805		705			
		Wages	Own Time	Km.'s driven		1 8 L	O	Family (Family Care Claim		iii	Airfare, Parking	YES NO	
				34¢ per Km.	Total	11 14 2	22 Total	From	To	Amt.		etc.		
This expense in full. Pleas	This expense report form is to be completed on full. Please type or print neatly.					+			+	Ť			-	
Mac union Io	, N	Johnson 4s	or bound of									Les	Less advances	
leave form	leave form if not already forwarded.	си шешре	s signed co	lo dd		For A	For Accounting use only	I use only			Salance owing to	Balance owing to member (refund to OPSEU)	to OPSEU)	

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

Rev. April 2002 OPSSU

Date entered:

Payment approved by:

Date approved:

chairperson/staff:

Account Number:

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

reasons noted above.

Signature

Processed by:

20

Date

Entered by:

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.

Authorized by

General

- This form must be signed by the claimant and must be accompanied by the necessary original receipts (e.g. last portion of air fare, hotel bill/receipt.) Expense details should be listed chronologically and should include a brief description of the purpose/reason for the expense.
- Claims must be submitted no later than ninety (90) days from the last date for which expenses are claimed and must be accompanied by a refund of the unused expense advance where applicable.
- Any advances that you received should be deducted from the total expenses to arrive at the balance owing from/to OPSEU.

1. Travel

- (a) A member will be reimbursed for the actual cost incurred for travel by public transportation. As per the policy of the Union, the most economical means of transportation should be used.
- (b) The rental of automobiles must be approved in advance by the OPSEU Vice-President/Treasurer.
- (c) Where a member is required to use his.her private vehicle, he/she may claim for such travel at the current rate. The total distance travelled and destination points are to be indicated on the expense form.
- (d) No reimbursement will be made for any expenses incurred where the appropriate prior authorization has not been obtained.

2. Own Time/Wages

- (a) Own time will be paid to members using lieu days, accumulated credits or vacation days. Own Time will not be paid for an unpaid day. Claims for Own Time must be accompanied by supporting documentation confirming the type of credit being used.
- (b) Claims for lost wages must be accompanied by supporting documentation confirming the details of time off without pay.
- (c) Shift workers must indicate exact hours of shift missed in order to properly calculate wages/childcare entitlement.

Note that advances are not deducted from wages or own time.

3. Accommodation

- (a) Where a member is not out of town on union business and/or an overnight stay is necessary, he/she is entitled to reimbursement for the cost incurred in obtaining accommodation.
- (b) Reimbursement will be made only for the hotel charges for room, tax and phone calls made on union business or otherwise allowed under the expense policy. Any other charges appearing on the hotel bill will be deducted from the reimbursement.

4. Meals

(a) Where a member/representative is on approved union business, he/she may be entitled to reimbursement for the costs incurred for meals taken up to the maximum rate

5. Child/Elder/Dependant Care

Members are entitled to reimbursement of reasonable costs of family/dependant care provided by someone other than his/her partner/spouse as a result of absences from home arising from the conduct of union business. Such allowance is not intended to reimburse the claimant for dependant/family expenses he/she would have normally incurred as a result of employment except where the absence exceeds the normal work day or week.

Family/Attendant care will be reimbursed at the rate of \$5.00 per hour to a maximum of 12 hours. The overnight fee is \$40.00 to a maximum of \$100.00 per 24 hour period and must be signed by the care provider(s). Please specify hours.

Members who bring children to union events will be entitled to single accommodation and meal expenses. Claims for these expenses should also be included in the family care column of the form and described appropriately.

Important

Please fill out family/attendant care claims (yellow and white)

separately

Family/Attendant Care Claims

ame: Age:
ame: Age:
ame: Age:
ame: Age:
have been unable to attend this OPSEU activity.