



**LOCAL MEMBERSHIP  
EXPENSE CLAIM**

MEMBER DATA (Please Print)

Name: \_\_\_\_\_ S.I.N./ ID \_\_\_\_\_ Local: \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ Telephone: (Work) \_\_\_\_\_

DATE	EXPLANATION/ REASON FOR CLAIM Describe union function attended	WAGES Own Time	TRAVEL		MEALS				FAMILY CARE			HOTEL/ PHONE	MISC. EXPENSES Parking etc.	RECEIPTS ATTACHED		TREASURER'S USE ONLY
			KMs. driven:	Total	B \$12	L \$17	D \$27	Total	From (hour)	To (hour)	Amt. (total)			YES	NO	

Total   +  +  +  +  =   
 Less advances   
 Balance owing to member (refund to Local)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

Authorized by LEC: \_\_\_\_\_  
 Payment approved by: \_\_\_\_\_  
 Cheque # \_\_\_\_\_

## General

1. 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 be include a brief description of the purpose/reason for the expense.
2. 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.
3. Any advances that you received should be deducted from the total expenses to arrive at the balance owing from/to OPSEU.

## 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.

(e) KM Rate	Print Name of Passenger(s):	Local Number:
Single	50¢	_____
1 passenger	55¢	_____
2 passengers	60¢	_____
3 passengers	65¢	_____
4 passengers	70¢	_____

## 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.**

## Accommodation

- (a) Where a member is 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.

## 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.

## 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 \$6.00 per hour to a maximum of 12 hours. The overnight fee is \$40.00 to a maximum of \$112.00 per 24 hours 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 accommodations and meal expenses. Claims for these expenses should also be included in the family care column of the form and described appropriately.

## Family/Attendant Care Claims

Please complete for all family care claims

### Care provider

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ Age: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### Children

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Care Provider \_\_\_\_\_

### Member confirmation:

I affirm that without such family care I would have been unable to attend this OPSEU activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important: please fill out family/attendant care claims (yellow and white separately)**