CUPE LOCAL 3260
ONE EXPENSE CLAIM FORM PER MEETING

Name: _____ Telephone: _____

Mailing Address: _____ 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 $_____
(Must be submitted monthly with an invoice. Total reimbursement cannot exceed total of invoice)

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:

Mail To:
Andrea Garlick
3668 Grant Rd, Rte 304
Gowanbrae, PE
C0A 2B0