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 ONLY HAVE 6 WEEKS FROM THE MEETING/EVENT TO SUBMIT YOUR CLAIM FOR AS PER SECTION 9(a)(ii)

EXPENSES

Mileage: Traveled from _____to_____to_____

_____Kilometers @ 0.63 $_____

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

Internet/Data Coverage: Virtual Meets & Executive Use @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: _____

TREASURERS USE ONLY

Mail To:
Miryam Torres
12 BEAVER RUN RD
STANHOPE, PE
C0A 1P0

Date of Cheque _____ Cheque Number _____

Signed by President/Treasurer/Secretary _____

Signed by Trustee _____

Notes: