

**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 @ _____ \$ _____

Meals: For in person meeting.

Breakfast - (6am – 8am) @ \$20.00 \$ _____

Lunch – (11am – 1pm) @ \$25.00 \$ _____

Dinner – (4pm – 6pm) @ \$30.00 \$ _____

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: _____

Treasurers Use Only

Date of Cheque _____ Cheque Number _____

Mail To:

Miryam Torres
12 BEAVER RUN RD
STANHOPE, PE
COA 1P0

Signed by President/Treasurer/Secretary _____

Signed by Trustee _____

Notes: