

## CUPE 217 Expense Form

Please email this form and any receipts to [treasurer.217cupe@outlook.com](mailto:treasurer.217cupe@outlook.com)

### Personal Information

First Name:

Last Name:

Personal Email Address:

### Event Information

Educational/Event Name:

Location:

Start Date (YYYY/MM/DD):

End Date (YYYY/MM/DD):

Registration Cost:

### Per Diem Information (Bylaw Section 15; for meal & expenses)

Is the Event Local?

How Many Days?

☐ Yes (\$50/day)

☐ No (\$75/day)

Total Per Diem:

### Child Care, Dependent Care, and Elder Care (Bylaw Section 14)

In the case of dependent care or elder care, members will be reimbursed, to a maximum of the living wage for the area for each hour of required care. Reimbursement will be provided upon proof of payment.

*Please Note:* Claims will not be paid for a spouse, partner, or family members who normally provides care without charges. Claims will not be paid for periods of time where a member would normally have paid for care such as during normal hours of work at their job.

Do you require reimbursement?

If yes, how many hours:

Yes

No

### Transportation (out of town only)

☐ Personal Transportation (see below)

Total Cost for Transportation:

☐ Taxi

☐ Bus/Train/Plane

*Other personal transportation costs (own vehicle): please note we do not reimburse for gas.*

Number of Kilometers:

Parking:

Total Cost (\$0.61/km):

### Accommodations (out of town only; please ask about *WE Travel* Union affiliate options)

Price per Night:

Number of Nights:

Total Cost:

### Wage Coverage (please also fill out the employer's *Request for Time Off Work* form)

If you will miss work to attend this event, please list the number of missed regularly scheduled hours.

Pay code is UNIBUS, you will be paid as usual from the employer.

Number of Hours:

**Other** (any other costs you are requesting, subject to approval):

**Total Requested Expenses:**

**Date Submitted:**