

**CUPE LOCAL 15 - VMECW**

545 West 10th Avenue, Vancouver, BC V5Z 1K9

Tel: (604) 879-4671 Fax: (604) 879-7582

www.cupe15.org email@cupe15.org



**EXPENSE CLAIM**

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

Mailing Address: \_\_\_\_\_ Worksite: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Meeting/Event: \_\_\_\_\_ Mtg/Event Date: \_\_\_\_\_

**Mileage:** Personal vehicle mileage (per summary below) \$ \_\_\_\_\_ \*

**Travel:** Bus / Transit \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_  
*(specify)*

**Accommodation:** Hotel paid personally (Room and taxes only) \$ \_\_\_\_\_

**Meals/Per Diem:** Lunch - Daytime meetings, paid personally - max \$20/lunch \$ \_\_\_\_\_

Dinner - Evening meetings, paid personally - max \$30/dinner \$ \_\_\_\_\_

Per diem - In-person convention/conference \$86/day X \_\_\_\_\_ # days \$ \_\_\_\_\_

Per diem - Virtual convention/conference \$20/day X \_\_\_\_\_ # days \$ \_\_\_\_\_

**Miscellaneous:** Child/dependant care (max \$15/hr) \$ \_\_\_\_\_ /hour X \_\_\_\_\_ # hours \$ \_\_\_\_\_  
*(attach Child/Dependant Care application form)*

Other \_\_\_\_\_ \$ \_\_\_\_\_  
*(specify)*

Other \_\_\_\_\_ \$ \_\_\_\_\_  
*(specify)*

**TOTAL CLAIM \$ \_\_\_\_\_**

Vehicle Mileage Summary					
Date	Meeting/Event	From	To	Km's	Rate @ .59/km
					\$
					\$
					\$
					\$
					\$
					\$
<b>TOTALS</b>					\$ _____ *

**Note: Receipts must be attached for all expenses.**

**Claims will only be accepted within 90 days of the date expenses were incurred.**

**Expenses other than noted on this form must be authorized in advance by the Secretary-Treasurer or President.**

*This is to certify that the amounts shown on this claim were incurred by me on behalf of CUPE Local 15.*

Signature of claimant: \_\_\_\_\_ Date submitted: \_\_\_\_\_

<b>For Office Use:</b>  Approved by: _____  Date: _____	Account Distribution		
	Account	G/L #	Amount
			\$
			\$
			\$
<b>Total</b>			<b>\$</b>