# Membership Expense Claim Form - General

Member data ☐ BPS ☐ CAAT ☐ OPS ☐ EBM ☐ Other

Meeting data ☐ Neg ☐ Comm ☐ Div ☐ Camp ☐ Educ ☐ Griev

Name: _____ Union ID: _____ Local: _____

Address: _____

Postal code: _____

Email: _____

Telephone: (home) _____ Telephone: (work) _____

Name of meeting: _____

Location: _____

Date: (mm/dd/yyyy) _____ Event ID: _____

Time: _____ ☐ AM ☐ PM

Chairperson/Staff: _____

If attending a grievance, please provide a case number _____

| Date mm/dd/yyyy | Explanation/Reason for claim Describe union function attended | Own Time* 802 | Wages 804 | Travel (see page 2) 702 | | | Meals 704 | | | | Family care (see page 2) 805 | | | Hotel/Phone 705 | Misc. expenses parking etc. | Receipts Attached | | For Accounting use only |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ONE EVENT PER FORM** | | | | # of People | KMs Driven | Amount (total) | B $23 | L $31 | D $40 | Amount (total) | From (hour) | To (hour) | Amount (total) | | | | | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| | | | | | | | | | | | | | | | | ☐ Yes | ☐ No | |
| Totals | | | | | | | | | | | | | | | | | | |

*This expense report form is to be completed in full. Please type or print neatly.*

*Own time will be paid to members using lieu days accumulated credits or vacation days. Own Time will not be paid for an unpaid day. Claims for Own Time must be accompanied by supporting documentation confirming the type of credit being used.

Shift worker ☐ No ☐ Yes Start time: _____ End time: _____

Signature: _____ Date: (mm/dd/yyyy) _____

For Accounting use only

Accounting code

_____

Less advance: _____

Balance owing to member (refund to OPSEU/SEFPO): _____

Authorized by chairperson/staff: _____

Payment approved by: _____

Date approved: (mm/dd/yyyy) _____

*Note: In order to avoid unnecessary delay in processing, please check to see that:*
(a) this form is properly completed;
(b) all required receipts have been attached. Forward an original copy to OPSEU/SEFPO. Retain a copy for your records;
(c) For grievance claims, please ensure that your grievance officer has signed off on your claim.

# Membership Expense Claim Form - General

## General information

1. This form must be signed by the claimant and must be accompanied by the necessary original receipts (e.g. last portion of air fare, hotel bill/receipt.) Expense details should be listed chronologically and should include a brief description of the purpose/reason for the expense.

2. Claims must be submitted no later than ninety (90) days from the last date for which expenses are claimed and must be accompanied by a refund of the unused expense advance where applicable.

3. Any advances received should be deducted from the total expenses to arrive at the balance owing from/to OPSEU/ SEFPO.

4. Shift workers must indicate exact hours of shift missed in order to properly calculate wages/childcare entitlement.

## Meals

(a) Where a member/representative is on approved union business, they may be entitled to reimbursement for meals as per OPSEU/SEFPO policy.

## Hotel/Phone (accommodation)

(a) Where members are out of town on union business and/or an overnight stay is necessary, they are allowed to claim accommodation.

(b) Reimbursement will be made only for the hotel charges for room, tax and phone calls made on union business or otherwise allowed under the expense policy. Any other charges appearing on the hotel bill will not be reimbursed.

## Travel

(a) A member will be reimbursed for the actual cost incurred for travel by public transportation. As per the policy of the Union, the most economical means of transportation should be used.

(b) The rental of automobiles must be approved in advance by the OPSEU/SEFPO First Vice-President/Treasurer.

(c) Where members are required to use their private vehicles, they may claim for such travel at the current rate. The total distance travelled and destination points are to be indicated on the expense form.

(d) No reimbursement will be made for any expenses incurred where the appropriate prior authorization has not been obtained.

| KM | Name of passenger(s) | Local number |
|---|---|---|
| Single 60¢ | | |
| 1 passenger 65¢ | | |
| 2 passengers 70¢ | | |
| 3 passengers 75¢ | | |
| 4 passengers 80¢ | | |

## Family Care (Child/Elder/Dependant)

Members are entitled to reimbursement of reasonable costs of family/dependant care provided by someone other than their partners /spouses as a result of absences from home arising from the conduct of union business. Such allowances are not intended to reimburse the claimant for dependant/family expenses that they would have normally incurred as a result of employment except where the absence exceeds the normal work day or week.

Family/Attendant care will be reimbursed at the rate of $15.00 per hour to a maximum of $220.00 per 24 hour period and must be signed by the care provider(s). Please specify hours claimed for each day.

Members who bring children to union events will be entitled to single accommodation and meal expenses. Claims for these expenses should also be included in the family care column of the form and described appropriately.

Important: please fill out family/attendant care claims.

Family/Attendant care claims
*Please complete for all family care claims (please print)*

| Care Provider | |
|---|---|
| Name: | |
| Address: | |
| City: | Postal code: |
| Telephone: | |
| Signature of Care Provider: | |

| Children / Dependants | |
|---|---|
| Name | Age |
| Name | Age |
| Name | Age |
| Name | Age |

Member confirmation
*I affirm that without such family care I would have been unable to attend this OPSEU/SEFPO activity.*

Signature: _____ Date: mm/dd/yyyy _____

Members Notes: (i.e. machine did not print receipt or similar explanations to help with claim processing.)