## **CUPE 4163 Expense & Per Diem Compensation Form**

Name (please print):		Date Submitted:			
Dep't / Address	(if cheque to be sent):				
Reason for expe	enses:				
		Expenses			
Date Expense Incurred	Full Details of Expense (store, hotel, etc)		Rece Attach		
		Local 4	163		
					box
		Per Diems			
Date	Location	½ / Full / Travel Day		meals purchased Total \$(see pooreakfast□ lunch□ dinner□	
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Applicant's S	ignature:	t the amounts about on this state	mant ware inc	urrad hu ma an haba	f of CUDE 4462\
	(Signature certifies that	t the amounts shown on this state	ement were incl	arred by me on bena	1 Of CUPE 4163).
Approved By (signing officer's signature):					
Total				This area to be filled in by Secretary-Treasurer	
Paid by Cheque No.				oculciary-rreasurer	
Date:					
-				\	

Expenses are related to approved union business (e.g., travel costs, accommodations, office supplies, etc.). The per kilometer rate is \$.54/km, with the maximum km cost not to exceed cost of airfare. Receipts are not required for personal vehicle km rate.

Transportation policy: (JE 12/05/09): Parking costs are reimbursed when receipt provided and on CUPE 4163 business. Taxi or airport shuttle costs from airport to hotel to meeting place are reimbursed upon submission of receipts. Members should make every reasonable effort to carpool and travel together.

Per Diem (bylaw 11.5(a)): \$10 per day for union business where meals are provided; otherwise, \$18 for breakfast, \$22 for lunch, and \$34 for dinner. Receipts are not required for the per diem (but members may want to retain their receipts for tax purposes).

Staff Per Diem \$17 per day for union business where meals are provided; otherwise, \$43 for ½ day meetings or ½ day of travel to next day meeting or return travel day, and \$86 for full meetings or full day travel to and from meetings.