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

Name (please prin	nt):	Date Submitted:				
Dep't / Address (ii	f cheque to be sent):					
Reason for expen	ses:					
		Expenses				
Date Expense Incurred	Full Details of Expense (store/vendor; item/service purchased)			chased)	Receipt Attached	
				1	*Checl	k appropriate box
		Per Diems				
Date	Location	1/2 / Full / Travel Day	mea	als purchase	d To	otal \$(see policy)
			breakfast□ lunch□ dinner  breakfast□ lunch□ dinner			
			breakfast□ lunch□ dinne			
			breakfast	☐ lunch☐ dinn	er	
			breakfast	☐ lunch☐ dinn		
			breakfast	☐ lunch☐ dinn		
Applicant's Sig	gnature:					
	(Signature certifies that the	ne amounts shown on this state	ement were	incurred by me c	n behalf of	CUPE 4163).
Approved By (signing officer's sig	gnature):					
Total			This area to be			
Paid by Cheque No Date:	NO.			by Secretary-Tre	easurer	
Line Item						
Expenses are related	to approved union business (e.g., tra	vel costs, accommodations, or	ffice supplie	es, etc.). The per	kilometer	rate is \$.69/km,

with the maximum km cost not to exceed cost of airfare. Receipts are not required for personal vehicle km rate.

Transportation policy: Parking costs for CUPE 4163 business are reimbursed when receipt provided. Taxi or 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 11.6(a)): \$10 per day for union business where meals are provided; otherwise, \$20 for breakfast, \$29 for lunch, and \$53 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.