CUPE 4163 Expense & Per Diem Compensation Form

Name (*please print*): _____ Date Submitted: _____

Dep't / Address (*if cheque to be sent*): _____

Reason for expenses: _____

Expenses			
Date Expense Incurred	**Full Details of Expense *(store/vendor; item/service purchased)***	**Receipt Attached***	**Total**

*Check appropriate box

Per Diems				
Date	**Location**	**½ / Full / Travel Day**	**meals purchased**	**Total $** *(see policy)*
		N/A	breakfast☐ lunch☐ dinner☐	
		N/A	breakfast☐ lunch☐ dinner☐	
		N/A	breakfast☐ lunch☐ dinner☐	
		N/A	breakfast☐ lunch☐ dinner☐	
		N/A	breakfast☐ lunch☐ dinner☐	
		N/A	breakfast☐ lunch☐ dinner☐	

Applicant's Signature: _____

(Signature certifies that the amounts shown on this statement were incurred by me on behalf of CUPE 4163).

Approved By *(signing officer's signature):*	
Total	
Paid by Cheque No.	
Date:	
Line Item	

This area to be filled in by Secretary-Treasurer

Expenses are related to approved union business (e.g., travel costs, accommodations, office supplies, etc.). The per kilometer rate is $.72/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)*.

Return form to Financial officer or CUPE 4163 Office - HWB 244 office4163@gmail.com