 **Expense Form 2018–2019  
  
Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bargaining Unit (Employer)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specify event:**

Convention/Biannual General Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify date/s)

Officers (Executive Board/Trustees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify date/s)

Negotiations/Grievance/Arbitration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify date/s)

Education/Unit Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify date/s)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify date/s)

**Per diem:**

Breakfast - $15 x \_\_\_\_ Lunch - $25 x \_\_\_\_\_ Dinner - $60 x \_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_  
**Transportation (**air, train, bus, taxi, public transit, etc.): $ \_\_\_\_\_\_\_\_\_\_

**Mileage: .**45¢ x \_\_\_\_\_\_\_\_\_ kms = $ \_\_\_\_\_\_\_\_\_\_

(*based on a round trip of 50 km and over. Total cost cannot exceed that of air fare*)

**\*Child Care:** number of children \_\_\_\_ x number of days \_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**\*Dependent Care:** number of dependents \_\_\_\_x number of days\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**\*Parking:** $ \_\_\_\_\_\_\_\_\_\_

**\*Other:** (provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

$

**TOTAL**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Refer to the COPE Local 343 Policies and Procedures for details in regard to eligible claims.**

**Receipts are required for transportation, child and/or dependent care, parking and items specified under the “other” category.**

**Send this completed form by | mail - 555 Richmond St. W., Suite 1108, Toronto, ON M5V 3B1**

**Fax - 416-703-8520 | email - office@cope343.com**

***Cheque #***

updated 07/12/18