



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

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