**COPE Local 343 Expense Form** 

**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: .**70¢ 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 - #211-200 Consumers Rd., Toronto, ON M2J 4R4**

**|email - office@cope343.com**

***Cheque #*** Click or tap here to enter text.

updated 14/05/24