# Expense Claim Form
# (in effect June 17, 2023)

Solidarity Strength Unity
OPSSU

NAME: _____

ADDRESS: _____

Department/Regional Office: _____
please fill this out

NOTE: DO NOT CHANGE RATE FOR MILEAGE & MEALS!

| DATE | INDICATE EVENT: Grievance, Executive, Stewards, GMM, Demand Set | KM Driven | Cost @ $0.55/km + $0.05/km per passenger | MEALS AMOUNTS: B 13 | L 19 | D 29 | DAILY TOTAL | Family Care $5.00/hr $40.00/ overnight MAX $120.00/day HOURS | AMOUNT | Parking, Taxi, TTC, Misc. TOKENS | Airfare, Hotel & Phone | Treasurer's Use Only MILES TO KM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | *DO NOT USE THIS COLUMN!* |
| | | | - | | | | - | | - | | | 1 Mile = 1.609 Km. |
| | | | - | | | | - | | - | | | |
| | | | - | | | | - | | - | | | 1.609 |
| | | | - | | | | - | | - | | | 0 |
| | | | - | | | | - | | - | | | |
| | | - | - | | | | - | | - | | | |
| | | | - | | | | - | | - | | | |
| | | | - | | | | - | | - | | | |
| | TOTALS | - | $ - | | | | $ - | - | $ - | $ - | $ - | |

Total Amount Claimed: $ -

Signed: _____

Date: _____

Advance Received - Cheque # _____

Advance Amount: -

Payable to Member / (Payable to O.P.S.S.U.): -

*PLEASE DO NOT USE BEYOND THIS POINT! - - - - FOR TREASURER'S USE ONLY - - - - - PLEASE DO NOT USE BEYOND THIS POINT! - - - - FOR TREASURER'S USE ONLY*

*FOR TREASURER'S USE ONLY*

Cheque # _____ Amount: $

Authorized: _____ Date: _____, 20___

COMMENTS: _____

**OUR WORK - IMPORTANT WORK - UNION WORK**