



2025
MEMBERS EXPENSE CLAIM FORM

NAME:

YOUR EMPLOYER

YOUR ADDRESS

DATE:

PER DIEM (Daily Allowance - **only claim if you are not claiming meals**)

	Rate	No. of Days	Total
In-Town	\$30.00	X	
Out-of-Town	\$40.00	X	
Out-of Town / Overnight	\$45.00	X	

TRAVEL EXPENSES

	Rate	No. of	Total
Automobile (Kilometres)	\$0.50 / km	X	
Passenger(s)	@ \$15.00/each	X	
Airfare			
Travel - rail, bus, taxi, etc			
Hotel:			
Parking:			
Meals - Breakfast (max \$15 with receipt)			
Meals - Lunch (max \$20 with receipt)			
Meals - Dinner (max \$25 with receipt)			

LOST WAGES

(Please Attach Receipts)

Lost Wages:	No. of Hours:		Rate:		Total Lost Wages:	
► Please Circle	Purpose:	Board Meeting / Bargaining Unit Meeting / Negotiations / Arbitrations / Grievance Meetings / Training / Other				
Other:						
APPROVED BY AND DATE:					GRAND TOTAL	