



2022
MEMBERS EXPENSE CLAIM FORM

NAME: _____
 YOUR EMPLOYER: _____
 YOUR ADDRESS: _____

 DATE: _____

PER DIEM (Daily Allowance)

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

TRAVEL EXPENSES

	Rate		No. of		
Automobile (Kilometres)	\$0.38 / km	X			
Passenger(s)	@ \$15.00/each	X			
Air					
Rail					
Coach					
Taxi					
Other					

ACCOMMODATION & LOST WAGES

(Please Attach Receipts)

Hotel: Name: _____ No. of Nights: _____

Parking: Rate: _____ No. of Occasions: _____

Lost Wages: No. of Hours: _____ Rate: _____

▶ Please Circle Purpose: **Board Meeting / Bargaining Unit Meeting / Negotiations / Arbitrations / Grievance Meetings / Training / Other**

Other: _____

TOTAL _____

APPROVED BY AND DATE: _____