



2023

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)	\$0.50 / km	X			
Passenger(s)	@ \$15.00/each	X			
Airfare					
Travel - rail, bus, taxi, etc					
Meals - Breakfast (max \$15 with receipt)					
Meals - Lunch (max \$20 with receipt)					
Meals - Dinner (max \$25 with receipt)					

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: _____