



**CUPE Local 3615, 3615.01, 3615.02**

**Reimbursement of Expenses Form**

<b>NAME OF MEMBER (Last, First)</b>		Receipts MUST be attached for all <i>Accommodation &amp; Other Expense</i> claims. Please submit to Treasurer <i>Shelly Swinkels-Herlick @ St. Ambrose School</i>
<b>HOME ADDRESS</b>		
<b>SCHOOL BASE (Where do you report to work?)</b>	<b>JOB TITLE</b>	

**MILEAGE**

DATE			Distance Travelled on CUPE Business to Various Destinations			Distance 1-WAY (in KM)
MM	DD	YR	From Location	To Location	Reason for Travel	
Rate is \$0.45 / km					SUBTOTAL in KM	
<b>Total MILEAGE Claimed \$</b>						

**ACCOMODATION**

DATE			Name of Hotel	Reason For Stay	Cost (per night)	# Nights	Total
MM	DD	YR					
<b>Total ACCOMODATION Claimed \$</b>							

**OTHER EXPENSES (Meals, Parking, etc.)**

DATE			Details	Amount
MM	DD	YR		
<b>Total OTHER EXPENSES Claimed \$</b>				

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_