



Claimant

Name

Position

Date

Event

Claim for

- Hearing/Mediation
- Conference/Workshop
- OCUFA/CAUT
- Other

Expense Claim

2024-2025

Travel

Please include receipts.

Airfare

+

Seat selection

+

Baggage fees

Auto kilometres

x

Kilometre rate

+

Taxi/ Shuttle/Parking

▶ 1

▶ 2

Cannot exceed the cost of return economy airfare

Subsidy for hotel / per diem

Please attach hotel receipts

Per night

x

of nights

▶

Hotel total

3

Room + taxes

Per diem

x

of days

▶

Per diem total

4

\$129.25/day

Less

Meals provided

▶

5

Total subsidy for hotel / per diem 6

Line 3 + 4 - line 5

▶ 7

Total from line 6
If negative, enter 0

Reimbursement cheques are made payable to the Member

Please complete in full & attach all receipts.

Only signed & dated forms accompanied by receipts will be processed.

Submit completed claims to: 935 Ramsey Lake Rd, Sudbury, Ontario, P3E 2C6
Tel: 705.675.1151 ext. 4290 / Email: ncollette@lufappul.org

CLAIM TOTAL

Line 1 + 2 + 7

Cheque payable to

Name

Address

City

Province

Postal code

Signature (of claimant)

Date signed

FOR OFFICE USE ONLY

Approved