



Claimant

Name

Position/Title

Month

Purpose of expenditure / event(s)

Claim for

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

Expense Claim

2023-2024

Expenditure

Indicate date(s)

	S	M	T	W	T	F	S
PARKING							
TAXI							
HOTEL / INTERNET							
BREAKFAST \$24.90/day							
LUNCH \$25.20/day							
DINNER \$61.85/day							
INCIDENTALS \$17.30/day							

1

2

3

4

5

6

7

Note: Staying with friends or relatives; 50% of applicable meals and incidental rates

Travel

TICKET

Enter \$ amounts for air, rail, bus & car rental

Prepaid <input type="text"/>	+	Exchange <input type="text"/>	+	Other <input type="text"/>
Paid by member <input type="text"/>	+	Exchange <input type="text"/>	+	Other <input type="text"/>

AUTO

Enter km amount

Kilometres <input type="text"/>	x	Kilometre rate \$0.590
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8

9

10

11

12

Subtotals

ADVANCE TOTAL

Cash advance <input type="text"/>	+	Prepaid ticket <input type="text"/>	From line 8 above
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Cost
Add lines 1 to 10

Less Advance
Cash + prepaid ticket

CLAIM TOTAL

Line 11 - 12

Please complete in full.

Attach receipts for air, rail, bus fare, parking, taxis, hotel & internet access. Only signed & dated forms accompanied by receipts will be processed.

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

Cheque payable to

Name Address

City Province Postal code

Signature (of claimant)

Date signed

FOR OFFICE USE ONLY

Approved