Local Union Expense Reimbursement Form

Area courses (3 Day Programs)

Note: Please fill out one form per participant. Attach receipts, pay stub or proof of wage rate and a copy of the Local bylaws or Expense policy.

Local Union: ___________  Participant Name: ____________________________________________

Course Date: ________  Course:_____________  Location:________________________________

Note: Expenses are for actual days of the course only. Please review the Guidelines for Reimbursement for Area Courses before completing this form.

Lost wages: 8 hours at _______ / hour x 3 days = _________ x 50% = _______________

Note: Participants must attend all three days for reimbursement to be approved

If a participant requires lost wages for a shift greater than 8 hours (pre-approval required):
Lost wages: # of hours _______ @ $ _______/hr x _______ day(s) x 50% = _______________

Employer benefit reimbursement _______/hour x 3 days = _________ x 50% = _______________

For example: vacation, EI, CPP, if charged by employer

Mileage: _______ km x _______ (up to 48¢/km) = _______ x 50% = _______________

If you requested preapproval for air/train/bus/ferry travel, please attach receipts to this form.

$ ________ x 50% _______________

Pre-approved accommodations: $ _______ x 3 nights = _______ x 50% _______________

Pre-approved by ___________________________ Education Department on _____________________ (date)

Hotel Parking (if applicable - $20 max with receipts) $ ________ x 50% _______________

Overnight per diem (if applicable – for those with preapproved accommodations: ___________
First night ($90) + Second night ($90) + Third day ($45) = $ 225.00 x 50% = $112.50

Total reimbursement requested $ __________________________

Local Union Verification:

Signature: ___________________________ Date ___________________________

Print Name: ___________________________ Title ___________________________

(President, Vice-Pres., Financial Secretary)

Date: ________________________________

National Union Verification: ___________________________ Date: ___________________________

Important Note: Expenses must be submitted within 6 months of course participation.