V 20260101.01

Monthly Expense Claim

Name:
Address:
Province:
City:
Postal Code:
Email address:
Month:
Month of:

PSAC ID:
Local:

Transportation:

**Taxi (tip max 20%)	$ -	*Unionized taxi*
Kilometres		
KM Rate	$ -	
**Parking		
Notes:		
Total		$ -

Accomodation:

**Hotels	Dates	# nights	Amount

$ -

Per Diems:

	PROVINCES #	YK #	NWT #	NUNAVUT #	
Breakfast					$ -
Lunch					$ -
Dinner					$ -
Incidentals					$ -
Total					$ -

****Other:** ****Descriptions:**

Cell Phone		
Donation		
Equipment		
Furniture		
Honorarium		
Internet		
Miscellaneous		
Photocopies		
Postage		
Registration fee		
Supplies		
Translation		

$ -

Loss of Salary:

Applicable Rate	Hrs	Hourly Rate	
	0.00	$ -	
Minimum Rate	0.00	$ 38.00	*Please attach your activity report.*
Total			$ -
Income Tax Requested//(minimum 25%)	25 %		
		Total	$ -

Employee/Member Signature

Date

Recommended by

Approved by

Due to Claimant $ -

Less Advance

Net Claim $ -

For Office Use Only

Cheque/EFT #	Amount

****To initiate payment, receipts are required for all items except meals.**

Submit your claims online, along with receipts/back-up to:

claims-reclamations@une-sen.org

or mail to: