



# GSU MEMBER EXPENSE CLAIM

PURPOSE OF CLAIM:

Claimant Signature

Date

NAME: \_\_\_\_\_ SIN #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CLASSIF: \_\_\_\_\_ PAY TIER: \_\_\_\_\_  
 \_\_\_\_\_ LOCAL #: \_\_\_\_\_

DEPARTURE DATE & TIME FROM RESIDENCE: \_\_\_\_\_ ARRIVAL DATE & TIME AT DESTINATION: \_\_\_\_\_  
 DATE TIME (H:MM AM/PM) DATE TIME (H:MM AM/PM)

DEPARTURE DATE & TIME FROM DESTINATION: \_\_\_\_\_ ARRIVAL DATE & TIME AT RESIDENCE: \_\_\_\_\_  
 DATE TIME (H:MM AM/PM) DATE TIME (H:MM AM/PM)

Approved Authorization Form or NVP or  
 Approved Annual Leave Form or RVP  
 MOU/Employer Paid Region: \_\_\_\_\_

DATE: 2021	HOURS OF UNION LEAVE:  For office use only - Hourly Rate	TRAVEL TIME: PAID BY GSU PLEASE ENTER WORK HOURS		DAY OF REST: \$255 PAID BY GSU	TRAVEL: KILOMETERS ONLY	For Office Use Only TRAVEL: KILOMETERS	TRAVEL: TAXI CAR RENTAL PARKING (ATTACH RECEIPTS)	MEALS: B: \$21.35 L: \$21.60 D: \$53.00 T: \$95.95 or Per Diem (Virtual)	INCIDENTAL: \$17.30	HOTEL / PRIVATE ACCOM. (ATTACH RECEIPTS)	OTHER: (AMOUNT) (ATTACH RECEIPTS)	OTHER: (DESCRIPTION)
		START (H:MM AM/PM)	END (H:MM AM/PM)									
	hrs		hrs		km							
	hrs		hrs		km							
	hrs		hrs		km							
	hrs		hrs		km							
	hrs		hrs		km							
	hrs		hrs		km							
	hrs		hrs		km							
<b>TOTAL:</b>												

**FOR OFFICE USE ONLY**

	RCM-GL# 2211	TB-GL# 2213	GL# 5699	BILL TO LOCAL #
# OF HRS				
\$				

**FOR OFFICE USE ONLY**

TOTAL SALARY CLAIM:		TOTAL TRAVEL CLAIM:	
5882			
5883		LESS ADVANCE:	
5884			
NET SALARY CLAIM PAID:		NET TRAVEL CLAIM PAID:	

Approved by \_\_\_\_\_ Date Paid \_\_\_\_\_ Account # \_\_\_\_\_