

# MEMBER EXPENSE CLAIM

**PURPOSE OF CLAIM:**

\_\_\_\_\_

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: 2025	HOURS OF UNION LEAVE: For office use only - Hourly Rate	TRAVEL TIME: PAID BY GSU	DAY OF REST: \$330 PAID BY GSU	TRAVEL: KILOMETERS ONLY	For Office Use Only TRAVEL: KILOMETERS	TRAVEL: TAXI TOLL PARKING (ATTACH RECEIPTS)	DAILY PER DIEM: \$130.00	HOTEL / PRIVATE ACCOM. (ATTACH RECEIPTS)	OTHER: (AMOUNT) (ATTACH RECEIPTS)	OTHER: (DESCRIPTION)
	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/TB 2211 / 2213	TT / 5699	DOR / 5699	BILL TO LOCAL #
# OF HRS				
\$				

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

**FOR OFFICE USE ONLY**

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