

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: 2026	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: \$140.00	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						
TOTAL:										

FOR OFFICE USE ONLY

	RCM/TB 2211 / 2213	TT / 5699	DOR / 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 # _____