

MEMBER EXPENSE CLAIM

PURPOSE OF CLAIM:

Date

NAME:

SIN #:

ADDRESS:

CLASSIF:

PAY TIER:

LOCAL #:

Approved Authorization Form

or

NVP

or

Approved Annual Leave Form

or

RVP

MOU/Employer Paid

Region:

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)

DATE: 2024	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						
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 #