

Approved Authorization Form Approved Annual Leave Form

Hours of

UNION I FAVE

NAME:

ADDRESS:

MOU/Employer Paid

DATE:

FOR OFFICE USE ONLY

OF HRS

Approved by

RCM/TB 2211 / 2213

MEMBER EXPENSE CLAIM

CLASSIF: PAY TIER:

DAY OF REST:

\$330

TRAVEL:

Sin #:

NVP

RVP

TRAVEL TIME:

TT / 5699

Region: _

DOR / 5699

Date Paid

LOCAL#:

IM	Purpo	OSE OF CLAIM:										
DEPARTURE DATE & TIME FROM RESIDENCE: ARRIVAL DATE & TIME AT DESTINATION:												
DEPARTURE DATE & TIME (H:MM AM/PM) DEPARTURE DATE & TIME FROM DESTINATION: DATE TIME (H:MM AM/PM) DATE TIME (H:MM AM/PM) DATE TIME (H:MM AM/PM)												
		TIME (TIMM AIM)	·		Time (Timin Ally)							
r Office se Only RAVEL:	TRAVEL: TAXI TOLL PARKING (ATTACH RECEIPTS)	DAILY PER DIEM: \$130.00	HOTEL / PRIVATE ACCOM. (ATTACH RECEIPTS)	(AMOUNT) (ATTACH RECEIPTS)	OTHER: (DESCRIPTION)							

TOTAL TRAVEL CLAIM:

NET TRAVEL CLAIM PAID:

LESS ADVANCE:

2023	For office use only - Hourly Rate	PAID BY GSU	PAID BY GSU	KILOMETERS ONLY	TRAVEL: KILOMETERS	TAXI TOLL PARKING (ATTACH RECEIPTS)	\$130.00	PRIVATE ACCOM. (ATTACH RECEIPTS)	(AMOUNT) (ATTACH RECEIPTS)	(DESCRIPTION)
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
TOTAL:										

5882 5883

5884

FOR OFFICE USE ONLY

NET SALARY CLAIM PAID:

TOTAL SALARY CLAIM:

For Office

April 1, 2024 - Please send your claim with supporting scanned documents and/or receipts to the Finance Section email: lafleul@psac-afpc.com

BILL TO LOCAL #

Account #