

MEMBER EXPENSE CLAIM

PURPOSE OF CLAIM:

Date

NAME: \_\_\_\_\_ SIN #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CLASSIF: \_\_\_\_\_ PAY TIER: \_\_\_\_\_

\_\_\_\_\_ LOCAL #: \_\_\_\_\_

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

DEPARTURE DATE & TIME FROM RESIDENCE:

DATE

TIME (H:MM AM/PM)

ARRIVAL DATE & TIME AT DESTINATION:

DATE

TIME (H:MM AM/PM)

DEPARTURE DATE & TIME FROM DESTINATION:

DATE

TIME (H:MM AM/PM)

ARRIVAL DATE & TIME AT RESIDENCE:

DATE

TIME (H:MM AM/PM)

| DATE:<br>2023 | HOURS OF<br>UNION LEAVE:<br><br>For office<br>use only -<br>Hourly Rate | TRAVEL TIME:<br><br>PAID BY GSU | DAY OF REST:<br>\$330<br><br>PAID BY GSU | TRAVEL:<br><br>KILOMETERS<br>ONLY | For Office<br>Use Only<br><br>TRAVEL:<br><br>KILOMETERS | TRAVEL:<br><br>TAXI<br>TOLL<br>PARKING<br><br>(ATTACH<br>RECEIPTS) | DAILY<br>PER DIEM:<br><br>\$130.00 | HOTEL /<br>PRIVATE<br>ACCOM.<br><br>(ATTACH<br>RECEIPTS) | OTHER:<br><br>(AMOUNT)<br><br>(ATTACH<br>RECEIPTS) | OTHER:<br><br>(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 # \_\_\_\_\_