



Local Union Expense Reimbursement Form Area courses (3 Day Programs)

Note: Please fill out one form per participant. Attach receipts, pay stub or proof of wage rate and a copy of the Local bylaws or Expense policy.

Local Union: _____ **Participant Name:** _____

Course Date: _____ **Course:** _____ **Location:** _____

Note: Expenses are for actual days of the course only. Please review the Guidelines for Reimbursement for Area Courses before completing this form.

Lost wages: 8 hours at _____ / hour x 3 days = _____ x 50% = _____

Note: Participants must attend all three days for reimbursement to be approved

If a participant requires lost wages for a shift greater than 8 hours (*pre-approval required*):

Lost wages: # of hours _____ @ \$ _____/hr x _____ day(s) x 50% = _____

Employer benefit reimbursement ___/hour x 3 days = _____ x 50% = _____

For example: vacation, EI, CPP, if charged by employer

Mileage: _____ km x _____ (up to 48¢/km) = _____ x 50% = _____

If you requested preapproval for air/train/bus/ferry travel, please attach receipts to this form.

\$ _____ x 50% _____

Pre-approved accommodations: \$ _____ x 3 nights = _____ x 50% _____

Pre-approved by _____ Education Department on _____
(date)

Hotel Parking (*if applicable - \$20 max with receipts*) \$ _____ x 50% _____

Overnight per diem (*if applicable – for those with preapproved accommodations:* _____

First night (\$90) + Second night (\$90) + Third day (\$45) = \$ 225.00 x 50% = \$112.50

Total reimbursement requested \$ _____

Local Union Verification:

Signature: _____ Date _____

Print Name: _____ Title _____
(President, Vice-Pres., Financial Secretary)

Date: _____

National Union Verification: _____ Date: _____

Important Note: Expenses must be submitted within 6 months of course participation.