



EXPENSE REIMBURSEMENT FORM

PLEASE SUBMIT BY:

EMAIL: local@unifor333.ca or FAX: 416-679-0080 or

MAIL TO: Local 333 Office: 61 International Blvd., Suite 207, Rexdale, ON M9W 6K4

UNIT NUMBER: 333- _____ COMPANY/EMPLOYER: _____

FUNCTION OR MEETING (**ONE FORM PER FUNCTION**): _____

DATE/S: _____

TRAVEL

AUTOMOBILE: _____ KMS ONE WAY

TOTAL KILOMETRES _____ X \$0.75 X _____ DAY/S \$ _____

TTC FARE _____

PARKING (only with RECEIPT/S will be Reimbursed) _____

OTHER (SPECIFY with RECEIPT/S) _____

PER DIEM

_____ day/s X \$20.00 (Within (GTA) Greater Toronto Area) \$ _____

_____ day/s X \$25.00 (Outside (GTA) Greater Toronto Area) _____

_____ day/s X \$30.00 (Negotiations/Arbitrations/Conventions/
Conferences/Seminars & Education) _____

_____ day/s X \$90.00 (Authorized Overnight Accommodations) _____

ACCOMMODATION/S (only with RECEIPT/S will be Reimbursed) \$ _____

OTHER (SPECIFY with RECEIPT/S) _____ \$ _____

TOTAL AMOUNT PAYABLE \$ _____

It is important to complete this form clearly with **NAME PAYABLE TO, ADDRESS TO MAIL THE CHEQUE & REQUIRED RECEIPTS.** This will ensure prompt and correct payment.

NAME: _____

ADDRESS: _____

PHONE NO.: _____