

ONA LOCAL 071 EXPENSE AND SALARY REIMBURSEMENT CLAIM FORM

NAME (PRINT) _____

EXPENSE REIMBURSEMENT:

	DATE	REASON	TOTAL \$ (ATTACH RECEIPTS*)	OFFICE USE GL CODE:
MEALS			\$	
			\$	
<small>Meals are paid at the lesser of receipt amounts or Breakfast \$15/Lunch \$20/Dinner \$45</small>				
HOTEL			\$	
			\$	
MILEAGE \$/km_50		<small>FROM/TO LOCATION:</small>		
		<small>KM TRAVELLED:</small>	\$	
OTHER TRAVEL			\$	
			\$	
OTHER			\$	
			\$	
TOTALS:			\$	

(*All receipts are required for claims requested)

SALARY REIMBURSEMENT:

DID ONA NEED TO REQUEST A DAY OFF FOR YOU ?

IF YES, CIRCLE HOURS SCHEDULED THAT DAY:

DID YOU ATTEND ON A REGULAR DAY OFF?

ARE YOU FULL TIME OR PART-TIME:

YOUR HOURLY RATE: \$ _____

IF PART-TIME, YOUR % IN LIEU IS: _____ %

CIRCLE ONE:	
YES	NO
7.5	11.25
YES	NO
FT	PT

DATE OFF: HRS: REASON (i.e., Workshop, Seminar, Arbitration, Grievances, Negotiations, Union Business):

OFFICE USE
GL CODE:

SIGNATURES/APPROVALS REQUIRED:

DATE:

MEMBER: _____

PRESIDENT/LAC: _____

TREASURER: _____
