



**UNION OF POSTAL COMMUNICATIONS EMPLOYEES**  
**SYNDICAT DES EMPLOYÉS DES POSTES ET COMMUNICATIONS**  
 701 - 233 GILMOUR, OTTAWA (ONTARIO) K2P 0P2  
 TEL.: (613) 560-4342 FAX (613) 594-3849

**UPCE**  
**EXPENSE CLAIM**

<b>Date:</b> _____	<b>Reason for claim:</b> _____
<b>Name:</b> _____	<b>S.I.N.</b> _____
<b>Address:</b> _____	<b>Classification:</b> _____
	<b>Level:</b> _____
	<b>Local:</b> _____

**Advance :** \_\_\_\_\_ **cheque #:**  **Dated:** \_\_\_\_\_

**Salary and wages**

	_____	@	_____	_____
Loss of wages	_____		_____	_____
Per diem	_____	\$150.00	_____	_____
				<b>Total</b> _____
<b>Deductions</b>				
Income Taxes		30.00%	_____	_____
C.P.P.		4.95%	_____	_____
E.I.		1.73%	_____	_____
				<b>Total</b> _____
				<b>Net Salary</b> _____

**Expenses**

**Allowances**

Breakfast	_____	\$15.60	_____	_____
Lunch	_____	\$14.85	_____	_____
Dinner	_____	\$40.85	_____	_____
Incidentals	_____	\$17.30	_____	_____
				<b>Total</b> _____

**Specific expenses**

Hotel	_____	@	_____	_____
Private accomodation	_____	@	\$50.00	_____
Kilometres	_____	@	_____	_____
Parking (receipts must be attached)	_____		_____	_____
Taxi (receipts must be attached)	_____		_____	_____
Other :	_____		_____	_____
				<b>Total</b> _____

**Total of claim**

**Less advance:**

**Balance Due (owed to UPCE)**

Signature :	_____	Date:	_____
Authorized by:	_____	Date:	_____
Approved by:	_____	Date:	_____
Cheque # :	_____	Date:	_____