



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

Date: _____	Reason for claim: _____
Name: _____	S.I.N. _____
Address: _____	Classification: _____
	Level: _____
	Local: _____

Advance : _____ **cheque #:** **Dated:** _____

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

Expenses

Allowances				
Breakfast	_____	\$14.45	_____	_____
Lunch	_____	\$13.45	_____	_____
Dinner	_____	\$38.35	_____	_____
Incidentals	_____	\$17.30	_____	_____
			Total	_____

Specific expenses

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

Total of claim _____

Less advance: _____

Balance Due (owed to UPCE) _____

Signature : _____ Date: _____

Authorized by: _____ Date: _____

Approved by: _____ Date: _____

Cheque # : _____ Date: _____