V 20250101.02

Monthly Expense Claim

UNE SEN

Name:
Address:
City:
Email address:

Province:
Postal Code:

PSAC ID:
Local:

Transportation:

**Taxi (tip max 20%) $ - *Unionized taxi*

Kilometres

Travel by personal automobile must be pre-approved

KM Rate #N/A $ - *Copy of Google or MapQuest map required.*

**Parking

Notes:

Total $ -

Accomodation:

**Hotels	Dates	# nights	Amount

$ -

Per Diems:

	PROVINCES #	YK #	NWT #	NUNAVUT #	
Breakfast					$ -
Lunch					$ -
Dinner					$ -
Incidentals					$ -
Total					$ -

Other: **Descriptions:

Cell Phone		
Donation		
Equipment		
Furniture		
Honorarium		
Internet		
Miscellaneous		
Photocopies		
Postage		
Registration fee		
Supplies		
Translation		

$ -

Loss of Salary:

Applicable Rate	Hrs	Hourly Rate	
	0.00	$ -	
Minimum Rate	0.00	$ 38.00	*Please attach your activity report.*
Total			$ -

Income Tax Requested//(minimum 25%) 25 %

Total $ -

Employee/Member Signature

Less Advance

Date

Due to Claimant $ -

Recommended by

Less Salary Deductions $ -

Approved by

Net Claim $ -

For Office Use Only

LOS		$ 0.00
CPP	$ -	5.95 %
EI	$ -	1.64 %
Inc. Taxes	$ -	25 %
	$ -	

Cheque/EFT #	Date	Amount

****To initiate payment, receipts are required for all items except meals.**

Submit your claims online, along with receipts/back-up to:

claims-reclamations@une-sen.org

or mail to:

Union of National Employees/Syndicat des employées et employés nationaux*900-150 rue Isabella St.*Ottawa, ON*K1S 1V7