V 20260101.01

Monthly Expense Claim

UNE SEN

Name: PSAC ID:
Address: Province: - Local:
City: Postal Code:
Email address:
Month:
Month of:

Transportation:

**Taxi (tip max 20%)		$ -	*Unionized taxi*
Kilometres			
KM Rate	-	$ -	
**Parking		$ -	
Total	Notes:		$ -

Accommodation:

**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 Salary Deductions	$ -
Date		Due to Claimant	$ -
Recommended by		Less Advance	
Approved by		Net Claim	$ -

For Office Use Only

			Cheque/EFT #	Amount
LOS	$ 0.00			
CPP	$ -	5.95 %		
EI	$ -	1.63 %		
Inc. Taxes	$ -	25 %		
	$ -			

****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: