

*Attach receipts to
back of form.
Thank you.*

Member Expense Claim Form



Please complete form in full for proper reimbursement.

Name:			Email Address: (Personal Address Only)	
Address:		City:	Postal Code:	
Phone (W):	(H):	(C):	Has your address changed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Local Name:	Local No:
Union Position(s) Held:	

Date(s)				
Name of Meeting(s)				
Location(s)				

Air*				
Taxi* /Bus Fare				
Parking*				
Lodging: Hotel* <i>If direct billing only, please indicate the name of the hotel.</i> Private (\$55.00)				
Overnight Per Diem (\$16.00)				
Meals: Breakfast** \$8.85 Lunch \$12.00 Dinner \$18.00				
Kilometres: South of 53 rd \$.47/km North of 53 rd \$.49/km				
Other: (Child Care***, Conference Fees)				

Notes/Explanations:

*Receipts required.

**Please note that no breakfast should be claimed if the hotel you are staying at provides breakfast.

***Attach additional Child Care expense form.

Signature:	Date:
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Direct Deposit is available – please call 1-866-982-MGEU for more information.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY.				
Sub-totals				
(EXPENSE - June 2013)			Total	

Please return completed forms to MGEU, 601-275 Broadway, Winnipeg MB R3C 4M6.