

SUN Expense Claim Form for Local & SNC Reimbursement

- To be submitted to your Local or SNC, not SUN Provincial.
- Submit within thirty (30) days of event

Name: _____
 Address: _____
 City: _____ PC: _____
 Email: _____
 Event Attended: _____
 Event Date: _____
 Please submit separate form for **each** event

Nurse (check one): A B C NP

Step (check one): 1 2 3 4 5 6

Long Service (check one): Yes No

Designation: RN RPN NP RN/RPN

Article 36 - Recognition of Education, Hourly Increment (check one):

\$0.17 \$0.21 \$0.45 \$0.64

SALARY: Income Continuance (Paid union leaves)	For Local/SNC Use Only
Total Hours _____ x _____ (hourly rate) Dates Claimed _____	Salary _____ Benefits _____ Total _____
SALARY: Direct Payment (Paid for scheduled days off) Total Hours _____ x _____ (hourly rate) Dates Claimed _____	
Travel Time: Total Hours _____ x _____ (hourly rate)	Total _____
ACCOMMODATIONS (Attach receipts) Hotel _____ # Nights _____ Amount Claimed \$ _____ Paid by _____ Shared with _____	Total _____
MEALS Breakfast \$ _____ x _____ day(s) = _____ Lunch \$ _____ x _____ day(s) = _____ Supper \$ _____ x _____ day(s) = _____	Total _____
TRAVEL From _____ To _____ _____ kilometers x \$ _____/km (The maximum allowance permitted by CRA is \$0.68/kilometer) Carpooled with _____	Total _____
OTHER EXPENSES (Attach receipts) Expense _____ Amount: _____ Expense _____ Amount: _____ Expense _____ Amount: _____ Expense _____ Amount: _____	Total _____

Member Signature: _____

Date: _____

Approved by: _____

Date: _____