

Member's Name: _____

PEIN: _____

Address: _____

Bargaining Unit: **B.T.S.** **Bell Canada** **Expertech** **Transervice**

Does this expense require submission to the National:

Yes

No

of OXP hrs charged: _____

Hourly Wage Rate: _____

Total OXP charged: _____

PLEASE INDICATE WHICH MEETING THESE EXPENSES ARE FOR:

OCC: _____

H&S Committee #: _____

Local General Mtg: _____

Other: _____

(location)

(name and location)

DATE(S):									Total
Description									
Transportation - \$0.72/km									
Hotel									
Parking									
Naional Per Diem	\$90								
Local Per diem									
Breakfast	\$10								
Lunch	\$20								
Dinner	\$35								
Other									
Total									

Explanation of expense & attach necessary receipts. Use the reverse side - if necessary

Signature: _____

Paid By Cheque #: _____

Unifor Local 31 Expense Form

Expense Incurred By
Expenses Approved:

Revised: 2025-10-09

Unifor will reimburse for travel expenses while on National Union business, as listed below:

LOST TIME PAYMENTS

Members may only be reimbursed for pay actually lost (no overtime).

PER DIEM

\$90.00 per day, plus hotel (where an overnight stay is involved) and provided a receipt is supplied.

\$45.00 per day, on a return day from an overnight stay, provided distance is greater than 160 kilometers.

\$45.00 per day, same day return, provided the member travels at least 160 kilometers one way from the workplace.

\$20.00 per day for out-of-pocket expenses for eight (8) hour meetings where travel is less than 160 kilometers **one way**, or if meals are provided, i.e. Unifor Family Education Centre, Port Elgin, Ontario.

MILEAGE/GAS - Paid to driver only

* Effective 2025: \$0.72 per kilometer for the first 5,000 kilometers

\$0.64 per kilometer for all kilometers over 5,000

HOTEL

Room and tax only (**receipts must be attached**). Distance must be greater than 160 kilometers one-way or you must receive prior approval.

AIRFARE

Reimbursement subject to **prior approval**.

OTHER EXPENSES

All other expenses must have **prior approval** from your National Representative (**receipts must be attached**).