

SUN Expense Claim Form for Local & SDC Reimbursement

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

Name: _____ Address: _____ City: _____ PC: _____ Email: _____ Event Attended: _____ (Please submit separate form for each event)
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SALARY: Income Continuance (Paid union leaves)	For Local/SDC 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 \$0.48/kilometer) Carpooled with _____	Total _____
OTHER EXPENSES (Attach receipts) Parking Fees _____ Dates _____	Total _____

Member Signature: _____
Approved by: _____

Date: _____
Date: _____