

# 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

**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

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

**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 _____
<b>SALARY: Direct Payment (Paid for scheduled days off)</b> Total Hours _____ x _____ (hourly rate) Dates Claimed _____ <b>Travel Time:</b> Total Hours _____ x _____ (hourly rate)	Total _____
<b>ACCOMMODATIONS (Attach receipts)</b> Hotel _____ # Nights _____ Amount Claimed \$ _____ Paid by _____ Shared with _____	Total _____
<b>MEALS</b> Breakfast \$ _____ x _____ day(s) = _____ Lunch \$ _____ x _____ day(s) = _____ Supper \$ _____ x _____ day(s) = _____	Total _____
<b>TRAVEL</b> From _____ To _____ _____ kilometers x \$ _____/km (The maximum allowance permitted by CRA is \$0.55/kilometer) Carpooled with _____	Total _____
<b>OTHER EXPENSES (Attach receipts)</b> Expense _____ Amount: _____ Expense _____ Amount: _____ Expense _____ Amount: _____ Expense _____ Amount: _____	Total _____

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_