



**UCTE EXPENSE CLAIM**

**Name:** \_\_\_\_\_ **Reason for Expense:** (include dates) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Local:** \_\_\_\_\_

**TRANSPORTATION**

If paid personally     Air     Bus     Rail    \$ \_\_\_\_\_  
 Taxis (List) \_\_\_\_\_  
 Parking (List) \_\_\_\_\_  
 Car Rental \_\_\_\_\_  
 Gas (for Car Rental only) \_\_\_\_\_  
 Mileage (Mileage Record on back) \_\_\_\_\_ km @ \_\_\_\_\_ ¢/km \_\_\_\_\_

**ACCOMMODATIONS, MEALS, INCIDENTALS**

Accommodations \_\_\_\_\_ nights @ \$ \_\_\_\_\_ per night \_\_\_\_\_  
 Per Diem \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day \_\_\_\_\_

Meals / Incidentals (when Per Diem not applicable)

	Number	Rate	Total
Breakfast	_____ x \$	_____ \$	_____
Lunch	_____ x \$	_____ \$	_____
Dinner	_____ x \$	_____ \$	_____

**Total Meals** \_\_\_\_\_

Incidentals \_\_\_\_\_ x \$ \_\_\_\_\_

**SALARY ENTITLEMENT** Paid by employer  Yes  No

**NOTE:** A shift schedule is required for: more than 8 hours per day; compressed work week; work week other than Monday to Friday

Social Insurance Number \_\_\_\_\_

Classification: Group \_\_\_\_\_ Level \_\_\_\_\_  
 Increment \_\_\_\_\_ Zone \_\_\_\_\_

Salary Details (*indicate Annual or Hourly Rate of Pay*)

**Annual** \$ \_\_\_\_\_ Equal Pay Adjustment \$ \_\_\_\_\_

**Hourly** \$ \_\_\_\_\_

Hours per Shift \_\_\_\_\_  Supervisory Differential

Applicable Premiums (List) \_\_\_\_\_

Applicable Allowances (List) \_\_\_\_\_

Salary Claimed

Total Daily / Hourly Salary \$ \_\_\_\_\_ x \_\_\_\_\_ Days / Hours \_\_\_\_\_

**DAYS OF REST PAY** (if applicable)

**NOTE:** Negotiating Team Members complete Salary Entitlement Section

\_\_\_\_\_ Days x a maximum of \$100 per day \_\_\_\_\_

**FAMILY CARE** (receipts required)

**OTHER** (list) \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**LESS ADVANCE** \$ \_\_\_\_\_

**SUB TOTAL** \$ \_\_\_\_\_

**INCOME TAX** - 25% or \_\_\_\_\_ %

*I certify that the above expenses were incurred for a UCTE sponsored function*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

UCTE STAFF USE ONLY	
_____	5800
_____	5821
_____	5820
_____	5800
_____	5830
_____	5810
_____	5840
_____	5850
_____	5860
_____	5870
_____	5881
_____	5880
_____	Sub total
_____	CPP
_____	EI
<b>Due</b>	<b>Refundable</b>

AUTOMOBILE MILEAGE RECORD			
DATE	FROM	TO	KILOMETRES
_____ kms @ _____ ¢/ km = \$ _____			

## UCTE EXPENSE CLAIM - EXPLANATORY NOTES

- All expense claims shall be completed in accordance with UCTE Regulation IV.
- A travel advance, when applicable, is intended to cover the approximate costs of meals and incidental expenses plus hotel accommodation where necessary.
- **Reason for expense:** Describe the UCTE function you are participating in and for which you are making this expense claim. Be sure to include both the dates of travel (if appropriate) and the dates of the function itself.

### 1. TRANSPORTATION (Travel costs as defined in UCTE Regulation IV, Section 2)

**Air/Rail/Bus** - This is applicable only to those members who were not provided with transportation by UCTE. If tickets were supplied but not used, they must be returned with the claim.

**Taxis** - A member traveling by air must use the airporter bus, unless the use of taxis or other ground transportation would be more economical. ALL claims for single taxi fares in excess of \$8.00 must be supported by a receipt.

**Mileage** - A member may travel by private motor vehicle and claim reimbursement for mileage at the rate allowed by the current Treasury Board Travel Directive, but not to exceed the normal transportation cost. There will be no payments for taxis or other costs normally associated with commercial transportation. A member should use commercial transportation where available. A member who travels by private car, to suit his/her convenience, will be entitled to claim expenses and loss of salary only for the period of absence that would have been necessary had public transportation been used.

### 2. ACCOMMODATION: Claims for actual cost of room must be supported by a receipt.

### 3. PER DIEM: Allowance as defined in UCTE Regulation IV, Section 3

### 4. MEALS, INCIDENTAL EXPENSES: If per diem is not applicable, individual meal allowances can be claimed at the current rate as specified in Treasury Board's Travel Directive. Other expenses must be accompanied by receipts (i.e. airport fees, etc.)

### 5. SALARY ENTITLEMENT (as defined in UCTE Regulation IV, Section 1): Loss of salary is paid to any member who is on official Union Business, and is computed at the member's daily rate of pay or proportionally thereof, i.e. ½ day. A member must show a leave form from the employer for reimbursement. A shift schedule is required for more than 8 hours per day, compressed work week or for a work week other than Monday to Friday.

**CLASSIFICATION:** Full particulars of classification must be provided in order that the amount claimed can be verified. This includes group, sub-group, level, increment (step in the level), zone, supervisory differential, Isolated Post Allowance information, shift and week-end premium information, etc.

If a member's entitlement is increased by reason of a collective agreement being approved retroactively, it is the responsibility of the member to submit a supplementary claim.

### 6. DAYS OF REST: Members who are on official Union Business on a scheduled day of rest shall be reimbursed a flat rate of \$100.00 per day (minus any allowance obtained from other sources, i.e. PSAC).

**Note:** UCTE sponsored members appointed to an Alliance Negotiating Team shall be compensated at their straight-time hourly rate of pay to a maximum of eight hours.

### 7. FAMILY CARE: When applicable, a daily allowance may be claimed but a member must complete the UCTE Family Care Expense Claim Form and provide a receipt to qualify for this entitlement

### 8. INCOME TAX: A flat rate of 25% will be deducted from all salary entitlements, unless a member indicates otherwise. A portion will also be deducted for Canada Pension Plan and Employment Insurance premiums. T4 forms reflecting total income from the duty allowance and amounts deducted at source will be issued at the end of each taxation year.

### 9. When completed, this expense claim form should be sent to the National Office, UCTE, unless otherwise advised.

**Any comments or additional information which will assist in the settlement of claims should be detailed in a covering memorandum and submitted with the claim (i.e. unavoidable changes to travel plans, etc.)**