



Form H - Reimbursement for Strike Items Returned to OPSEU

Refer to Form E for approved items Local: _____

Signature of Chair, Local Strike Finance

Signature of Chair, Local Strike Finance Subcommittee

Date of Purchase: (mm/dd/yyyy)	Item	Description	Amount \$	Initials
Total				

Approved Total: _____

SUBMIT TO THE STAFF REPRESENTATIVE FOR APPROVAL AND PROCESSING

Date: (mm/dd/yyyy) _____

Regional Office: _____

Reviewed and approved by: _____
Staff Representative (Name)

Signature of Staff Representative