



Advance Form

Please return to:
 advances@opseu.org Fax: (416) 448-7450

Name: _____

Local #: _____ Union #: _____

Home address: _____

Phone: _____

Event information (completed by staff assigned)	
Meeting:	_____
Meeting date:	_____
Location:	_____
Cost centre:	_____
Event ID:	_____
Staff assigned:	_____ ext: _____
Date: (mm/dd/yyyy)	_____

Advance request for hotel

Amount	Date (mm/dd/yyyy)
\$	
\$	
\$	
\$	

Hotel name: _____

Advance request for travel (airfare/train/taxi)

Amount	Date (mm/dd/yyyy)	Type
\$		
\$		
\$		
\$		

For hotel reimbursement please refer to OPSEU hotel rates and expense guidelines outlined in the call package.

Estimated advance amount

If you require a human rights accommodation please download and complete the Human Rights Accommodation Request Form from the OPSEU website or contact the Equity Unit at extension 8790.

Advance request for parking

Amount	Date (mm/dd/yyyy)
\$	
\$	
\$	
\$	

Advance request Childcare/Attendant care (Childcare/Attendance Care)

Amount	Date (mm/dd/yyyy)
\$	
\$	
\$	
\$	

Total estimated advance amount requested	\$ _____
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Delivery method

Personal deposit
 Pick-up at Regional Office
 Mailed to home address above
 Deliver to staff (Name: _____ ext. _____)

* Reminder: All outstanding advance amounts will need to be reconciled prior to a new advance being issued.