



# Advance Form

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

Name: \_\_\_\_\_

Local #: \_\_\_\_\_ Union #: \_\_\_\_\_

Home address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## Estimated advance amount

### Advance request for hotel

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

### Advance request for meals

Amount	B	L	D	Date (mm/dd/yyyy)
	\$13	\$19	\$29	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$				

### Advance request for parking

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

Hotel name: \_\_\_\_\_

### Advance request for travel (airfare/mileage/train/taxi)

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

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

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

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

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.

### 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.

Total estimated advance amount requested	\$ _____
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