



Advance Form

Please return to:
 advances@opseu.org Fax: (416) 443-0352

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/SEFPO hotel rates and expense guidelines outlined in the call package.

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.

Estimated advance amount

If you require a human rights accommodation please download and complete the Human Rights Accommodation Request Form from the OPSEU/SEFPO website or contact the Equity Unit at extension 3398.

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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