



OPSEU Advance Form

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

Member Information:

First Name: _____ Last Name: _____

Local: _____ Union #: _____

Home Address: _____

Phone: _____

Event Information (Completed by staff assigned)

Meeting: _____

Meeting Date: _____

Location: _____

Cost Centre: _____

Event ID: _____

Staff Assigned: _____ ext.: _____

Date: _____

Estimated Advance Amount

Advance Request for Hotel

Amount	Date
\$	
\$	
\$	
\$	

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
\$	
\$	
\$	
\$	

Hotel Name: _____

Advance Request for Travel (Airfare/Train/Taxi)

Amount	Date	Type
\$		
\$		
\$		
\$		

Advance Request Childcare/Attendant Care

(Childcare/Attendance Care)

Amount	Date
\$	
\$	
\$	
\$	

Total Estimated Advance Amount Requested	\$
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For Hotel Reimbursement please refer to OPSEU Hotel rates and expense guidelines outlined in the call package.

Delivery Method

Personal Deposit Pick-Up at Regional Office Deliver to Staff: _____ ext: _____ Mailed to Home Address above

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