



# OPSEU Advance Form

Please return to: [advances@opseu.org](mailto: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.*

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

### Advance Request for Travel (Airfare/Train/Taxi)

Amount	Date	Type
\$		
\$		
\$		
\$		

### Advance Request for Parking

Amount	Date
\$	
\$	
\$	
\$	

### Advance Request Childcare/Attendant Care

(Childcare/Attendance Care)

Amount	Date
\$	
\$	
\$	
\$	

<b>Total Estimated Advance Amount Requested</b>	\$
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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.