

OPSEU Please return to: advances@opseu.org Fax: (416) 443-0352				Meeting:			
				Meeting date:			
Name:				Location:			
Local #: Union #:				Cost centre:			
Home address:  Phone:				Event ID:			
				Staff assigned: _	ext:		
				Date: (mm/dd/yyyy)			
Advance request fo	or hotel		Estimated adv	ance amount			
Amount Date (mm/dd/		ı/dd/yyyy)	accommodation please download and complete the Human Rights Accommodation Request Form from the OPSEU/SEFPO website or contact the Equity Unit at extension		Advance request for parki		
\$		33337			Amount	Date (mm/dd/yyyy)	
\$					\$		
\$					\$		
\$					\$		
Hotel name:			3398.	\$			
Advance request fo	or travel (airfare/train/taxi		Туре		Advance request Childcar (Childcare/Attendance Care)	re/Attendant care	
\$					Amount	Date (mm/dd/yyyy)	
\$					\$		
\$					\$		
\$					\$		
	·				\$		
	nt please refer to OPSEU/SEF	PO hotel rate:	s and expense guidelines c	utlined in the call packag	Total estimated advance amount requested	5	
Delivery method							
•	Pick-up at Regional Of		ailed to home address al		•	ext	
* Reminder: All outsta	anding advance amounts w	ill need to be	e reconciled prior to a ne	w advance being issue	ed.		

Event information (completed by staff assigned)