



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) _____

Estimated advance amount

Advance request for hotel

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

Advance request for meals

Amount	B	L	D	Date (mm/dd/yyyy)
	\$21	\$29	\$38	
\$	<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: _____

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

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)
\$	
\$	
\$	
\$	

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.

Total estimated advance amount requested \$ _____

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.