



# 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.