



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 \$21 | L \$29 | D \$38 | Date (mm/dd/yyyy) |
|--------|--------------------------|--------------------------|--------------------------|-------------------|
| \$ | <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.