

**Ontario Nurses' Association
Local 49
Expense Reimbursement Form**

Member Name: _____
 Member Address: _____

 City: _____
 Postal Code: _____
 Phone Number: _____

Invoice / Reference # _____
 (Local Treasurer use only)

Date Submitted: _____

Please enter amounts below in the areas that are highlighted in yellow

ALL RECEIPTS MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT

Meals				Daily Limit:	Account Code (Local Treasurer use only)
Date	Meal	Reason	Total		

Travel (airfre, taxi, train, car rental costs, bus, parking)				
Date	Description	Reason	Total	Account Code (Local Treasurer use only)

Mileage				Per KM:	0.55
Date	From/To	KM (if applicable)	Reason	Total	Account Code (Local Treasurer use only)
				-	
				-	
				-	

Accommodation				
Date	Hotel	Reason	Total	Account Code (Local Treasurer use only)

Other Costs				
Date	Description	Reason	Total	Account Code (Local Treasurer use only)

Member's Signature: _____
 Date: _____

Total Reimbursement: \$ _____ -

Authorizing Signature: _____
 Date: _____

Date Paid: _____

Authorizing Signature: _____
 Date: _____

Cheque Number: _____