CUPE★SCFP *Ontario*

Family or Dependent Care Subsidy

Name of Claimant:	Local No.

CUPE only reimburses expenses in excess of regular fees. (e.g. if your regular fees are $30.00 per day and attendance at the CUPE function requires you to pay $40.00, you would therefore claim the "excess fee" of $10.00). You may claim up to $50.00 per day – *receipts must be attached.* Please indicate the dates for expenses incurred, and the **excess** daily cost.

Name of Function or Conference:

DATE	COST (per day)
TOTAL	$

Cheque to be made payable to: Claimant ☐

Local Union ☐

Mailing Address:

_____

Signature of Claimant

(1)_____

(2)_____

signatures of 2 officers of the Local,
one of whom is not the claimant

This form must be completed and forwarded no later than 30 days following the dates claimed to:
CUPE Ontario
80 Commerce Valley Drive East Suite 1
Markham, ON L3T 0B2
Phone: (905) 739-9739   Fax: (905) 739-9740

Cheque # _____
Date: _____
_____

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