



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: CUPE Ontario Convention, TORONTO 2009
--

DATE	COST (per day)
TOTAL	\$

Cheque to be made payable to:

Claimant	<input type="checkbox"/>
Local Union	<input type="checkbox"/>

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
305 Milner Ave., Suite 801
Scarborough, ON M1B 3V4
Phone: (416) 299-9739 Fax: (416) 299-3480
 cope 343

Cheque# _____
Date: _____