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: ___________________________ 

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<th>DATE</th>
<th>COST (per day)</th>
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TOTAL $ ______________

Cheque to be made payable to: Claimant ☐  Local Union ☐

Mailing Address: ___________________________  ___________________________

____________________________ ________________________________
Signature of Claimant  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 Dr. E., Suite 1 
Markham, ON L3T 0B2 
Phone: 905-739-9739  Fax: 905-739-9740

Cheque # ______________
Date: ______________

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