

Family or Dependent Care Subsidy

Name of Claims	ant:	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 – <i>receipts must be attached.</i> Please indicate the dates for expenses incurred, and the excess daily cost.			
Name of Function or Conference:			
	DATE	COST (per da	ay)
	TOTAL	\$	
	Cheque to be made payable to:	Claimant	
		Local Union	
Mailing Address:			
Signature of Claima			
	(2)	si	gnatures 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			Cheque #
Markham , ON L3T Phone: 905-739-973	T 0B2		Date:

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