

## **Family or Dependent Care Subsidy**

Name of Claimant:		Local No.	
<b>CUPE only reimburses expenses in excess of regular fees.</b> (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). <b>You may claim up to \$50.00 per day</b> – <i>receipts must be attached.</i> Please indicate the dates for expenses incurred, and the <b>excess</b> daily cost.			
Name of Function or Conference:			
	DATE	COST (per da	ay)
		•	
	TOTAL	\$	
	Cheque to be made payable to:	Claimant	
		<b>Local Union</b>	
Mailing Address:			
Signature of Claimant (1)			
Signature of Claims			
		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			Cheque #
80 Commerce Valley Markham , ON L37	T 0B2		Date:
Phone: 905-739-973	9 Fax: 905-739-9740		

cope 343 May 2014 sh\forms\fam care subsidy-eng