



220-2445 13TH AVE REGINA SK S4P 0W1

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EXPENSE CLAIM

Email: sfl@sfl.sk.ca

www.sfl.sk.ca

Name _____ Union _____ Local _____ DLC _____

Address _____ City _____ Postal Code _____

Telephone Work _____ Home _____ E-Mail _____

SFL Activity _____ Date(s) _____ Location _____

Time of Departure _____ a.m./p.m. Return _____ a.m./p.m.

TRANSPORTATION NOTE: CAR POOLING IS STRONGLY ENCOURAGED AND IN SOME INSTANCES REQUIRED.

I was a passenger with _____ and have no mileage claim.

OR (Name of Driver)

I took my **VEHICLE** from _____ to _____ Return _____ kms @ .35 cents/km = \$ _____ #6004 - _____

PARKING/ TAXI / BUS/OTHER _____ (Receipts required – please attach) \$ _____ #6004 - _____

AIR TRAVEL (Original ticket stub must be attached to expense claim) \$ _____ #6004 - _____

HOTEL NOTE: ROOM, TAXES AND PARKING CHARGES ONLY _____ days x \$ _____ (Original receipts required) \$ _____ #6005 - _____

MEALS	In Saskatchewan	Out-of-Province
Breakfast	\$ 8 x _____ = \$ _____	\$10 x _____ = \$ _____
Lunch	\$11 x _____ = \$ _____	\$15 x _____ = \$ _____
Supper	\$15 x _____ = \$ _____	\$20 x _____ = \$ _____

MEALS TOTAL \$ _____ #6006 - _____

CHILD CARE NOTE: OVER AND ABOVE CHILDCARE COSTS ORDINARILY INCURRED IF NOT INVOLVED ON SFL BUSINESS. (Receipts required) \$ _____ #6007 - _____

MISCELLANEOUS _____ \$ _____ #6000 - _____

CLAIM SUB TOTAL \$ _____

WAGES NOTE: ACTUAL WAGE LOSS ONLY – DOES NOT COVER IF ON VACATION, LOA, EDO. _____ hours @ \$ _____ / hour OR _____ days @ \$ _____ / day TOTAL WAGES \$ _____ #6009 - _____

Vacation Entitlement _____ wks/yr _____ % VACATION TOTAL \$ _____ #6009 - _____

IMPORTANT: Send Wages to: my union or employer will invoice my union my employer me (TD 1 required/wage confirmation)
Send Expenses to: me my union

FACILITATOR HONORARIUM _____ \$ _____ #6020 - _____

CLAIM TOTAL \$ _____

SFL POLICY: EXPENSES/WAGE LOSS MUST BE CLAIMED WITHIN 3 MONTHS

Signature of Claimant _____ Date _____

Inquiries: Laura Leahy: 306-924-8570 or Email: l.leahy@sfl.sk.ca

OFFICE USE ONLY Authorize Signature: _____

/ka/cupe 4828/Abel/Forms/SFL Expense Claim 08/29/11 Cheque # _____ Date _____