



Application for
Small Locals Assistance Function

DATE _____

LOCAL NUMBER _____

MAILING ADDRESS _____

CONTACT PERSON (Name and Number) _____

NAME OF DELEGATE _____

Number of Hours Lost: _____ (x) Wage Rate _____

Registration Cost: _____

Accommodation Cost: _____

Travel Distance: _____ KM (x) \$0.61 = \$ _____

Other Eligible Travel Expenses approved by the Division Treasurer _____

TOTAL REIMBURSEMENT: \$ _____

This is to certify that Local No. _____, if applicable, and in accordance with Article 17 of the CUPE Alberta Division Constitution, we will be applying to CUPE Alberta Division for reimbursement for one (1) delegate that is in attendance at the _____ held at the _____, in _____ on _____, 20_____.

Signed on behalf of the local:

Local President

Local Treasurer

Please return this form along with all of the receipt(s) to support the reimbursement request to:

CUPE Alberta Secretary-Treasurer
#7 Gareth Place St. Albert, AB T8N 3K5
or
Email: colleen.nash@cupeab.org