



# 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) \$0.70 = \$ \_\_\_\_\_

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  
#105, 811 Manning Road NE Calgary, AB T2E 7L4  
or  
Email: [clay.gordon@cupeab.org](mailto:clay.gordon@cupeab.org)