



OPSEU Advance Form

Please return to: advances@opseu.org
Fax: (416) 448-7450

Member Information:

First Name: _____ Last Name: _____

Local: _____ Union #: _____

Home Address: _____

Phone: _____

Event Information (Completed by staff assigned)	
Meeting:	_____
Meeting Date:	_____
Location:	_____
Cost Centre:	_____
Event ID:	_____
Staff Assigned:	_____ ext.: _____
Date:	_____

Estimated Advance Amount

Advance Request for Hotel

Amount	Date
\$	
\$	
\$	
\$	

If you require a human rights accommodation please download and complete the Human Rights Accommodation Request Form from the OPSEU website or contact the Equity Unit at extension 8790.

Hotel Name: _____

Advance Request for Travel (Airfare/Train/Taxi)

Amount	Date	Type
\$		
\$		
\$		
\$		

Advance Request for Parking

Amount	Date
\$	
\$	
\$	
\$	

Advance Request Childcare/Attendant Care

(Childcare/Attendance Care)

Amount	Date
\$	
\$	
\$	
\$	

Total Estimated Advance Amount Requested	\$ _____
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For Hotel Reimbursement please refer to OPSEU Hotel rates and expense guidelines outlined in the call package.

Delivery Method

Personal Deposit Pick-Up at Regional Office Deliver to Staff: _____ ext: _____ Mailed to Home Address above

* Reminder: All outstanding advance amounts will need to be reconciled prior to a new advance issued.