

# SMALL LOCAL ASSISTANCE Request Form



Small Local Assistance is available to locals with 50 full-time equivalent members or less, to help them participate in CUPE Saskatchewan conventions, schools and conferences. CUPE Saskatchewan will reimburse small locals up to \$1,250 for lost wages, hotel and transportation costs for two (2) delegates. Locals applying for reimbursement must have a dues structure of no less than 1.5% and be affiliated to CUPE Saskatchewan. Requests for reimbursement are to be in the hands of the CUPE Saskatchewan Secretary-Treasurer by the close of the conference. Each local will only be allowed to access the fund two (2) times per calendar year.

1. Fill in the form fields, as applicable.
2. Print the form and sign and date the form.
3. Send with your Local Union's delegate or submit directly to the CUPE Saskatchewan Division Office along with an Expense Voucher for your request.

Date of request: \_\_\_\_\_

Check one or more of the following:

- This is a request for reimbursement through Small Local Assistance.
- I have attached the *Small Local Assistance Expense Voucher for each delegate*.

Type of event seeking assistance to attend:  
*(Select from the drop down menu)* \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ City/Town event held: \_\_\_\_\_

Event name: \_\_\_\_\_ Place of event: \_\_\_\_\_

Local Union number: \_\_\_\_\_ Number of members: \_\_\_\_\_

Local Union mailing address: \_\_\_\_\_

Current dues structure (%): \_\_\_\_\_ Email: \_\_\_\_\_

Eligibility checklist:

- The Local Union is affiliated to CUPE Saskatchewan Division.
- The Local Union has fifty (50) full-time equivalent members or less.
- The Local Union has a dues structure of no less than 1.5%.

Please list each person the Local Union is requesting assistance for:

Person one: \_\_\_\_\_ Person two: \_\_\_\_\_

Submission for Small Local Assistance made by (Name): \_\_\_\_\_

Title/Position: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Union President

\_\_\_\_\_  
Signature of Local Union Secretary-Treasurer

**SUBMIT TO:** CUPE Saskatchewan, 3725 E Eastgate Drive, Regina, SK S4Z 1A5 Tel. (306) 757-1009 Fax: (306) 757-0102

# SMALL LOCAL ASSISTANCE Expense Voucher



CUPE Saskatchewan will reimburse eligible small locals up to \$1,250 for lost wages, hotel and transportation costs for two (2) delegates. Each local will only be allowed to access the fund two (2) times per calendar year.

1. Fill in the form fields, as applicable.
2. Print the form and and sign and date the form.
3. Attach receipts.

Claimant name: \_\_\_\_\_ Local Union number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

### **REASON FOR EXPENSE**

Check one of the following:

- Annual Convention of CUPE Saskatchewan
- Conference held by CUPE Saskatchewan
- CUPE Saskatchewan sponsored school
- Other, please specify: \_\_\_\_\_

### **EXPENSE DETAILS**

Date(s) of event: \_\_\_\_\_ City/Town event held: \_\_\_\_\_

Event name: \_\_\_\_\_ Place of event: \_\_\_\_\_

### **TRAVEL**

Claimant travel from \_\_\_\_\_ to \_\_\_\_\_  Return trip

Total number of kilometres travelled: \_\_\_\_\_ Total kms x \$0.45 rate = \$ \_\_\_\_\_

### **ACCOMMODATION**

Name of hotel: \_\_\_\_\_ Number of nights in hotel: \_\_\_\_\_

Total accommodation expense (*Receipts attached*): \$ \_\_\_\_\_

### **PER DIEM**

|                           |          |                  |          |
|---------------------------|----------|------------------|----------|
| Travel day before meeting | (\$20) x | Number of days = | \$ _____ |
| In town meeting           | (\$25) x | Number of days = | \$ _____ |
| Out of town meeting       | (\$45) x | Number of days = | \$ _____ |

### **MISCELLANEOUS EXPENSES:**

List and explain with attached receipts.

Misc. Expense(s): \_\_\_\_\_ Misc. Expense Subtotal \$ \_\_\_\_\_

### **LOST WAGES AND BENEFITS**

- Employer will forward invoice to CUPE Saskatchewan.
- Copy of invoice from Employer attached.
- Local Union will forward wage verification.

**TOTAL OF EXPENSE VOUCHER:**

\$ \_\_\_\_\_

\_\_\_\_\_  
Signature of claimant

Date: \_\_\_\_\_

|                      |                     |                  |
|----------------------|---------------------|------------------|
| AUTHORIZED BY: _____ | - OFFICE USE ONLY - | CHEQUE NO. _____ |
|----------------------|---------------------|------------------|

Form published October 4, 2019