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 <u>and</u> sign and date the form.
- 3. Send with your Local Union's delegate <u>or</u> 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 | | | | | |
| I have attached the Small Local Assis | stance 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 re | equesting assistance for: | | | | |
| Person one: | Person two: | | | | |
| Submission for Small Local Assistance made by (Name): | | | | | |
| Title/Position: | Email: | | | | |
| Mailing Address: | | | | | |

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

Signature of Local Union Secretary-Treasurer

Signature of Local Union President

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 sign and date the form.
- 3. Attach receipts.

| Claimant name: | | Local Unior | Local Union number: | |
|--|----------------------|---------------------------|---------------------------|-------------------------------|
| Mailing address: | | | | |
| REASON FOR EXPENSE Check one of the following: | | | | |
| Annual Convention of CUPE | Saskatchewan | | | |
| Conference held by CUPE Sa | | | | |
| CUPE Saskatchewan sponsor | | | | |
| Other, please specify: | | | | |
| | | | | |
| EXPENSE DETAILS Date(s) of event: | | City/Town e | event held: | |
| Event name: | Place of event: | | | |
| TRAVEL Claimant travel from | | to | | Return trip |
| Total number of kilometres travelled | : | Tota | al kms x 0.45 rate = | , |
| ACCOMMODATION | | | | |
| Name of hotel: | | Number of | nights in hotel: | · · |
| Total accommodation expense (Rece | pints attached): | | | |
| | ipis attachea). | · | | |
| PER DIEM | (620) | N. 1. 6.1 | \$ | |
| Travel day before meeting | (\$20) x | Number of days = | \$ | |
| In town meeting Out of town meeting | (\$25) x (\$45) x | Number of days = | | |
| Misc | E. Expense(s): | Number of days – | Misc. Expense Subtotal \$ | |
| MISCELLANEOUS EXPENSES: List and explain with attached receipts. | . Expense(s). | | \$ | |
| LOST WAGES AND BENEFITS | | | | |
| Employer will forward invoice | e to CUPE Sask | catchewan. TOTAL (| OF EXPENSE VOUCHER: | |
| Copy of invoice from Employ | er attached. | | | \$ |
| Local Union will forward was | ge verification. | | | |
| | | Data | | |
| Signature of claiman | t | _ Date: _ | | |
| - OFFICE USE ONLY - AUTHORIZED BY: CHEQUE NO | | | | |
| | | | | orm published October 4, 2019 |