



# SFL EXPENSE CLAIM

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**SFL POLICY: EXPENSES MUST BE CLAIMED WITHIN 3 MONTHS. SEE REVERSE FOR POLICIES.**

Name: \_\_\_\_\_ Union: \_\_\_\_\_ Local #: \_\_\_\_\_ District Labour Council: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
SFL Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_ Location: \_\_\_\_\_  
Time of Departure: \_\_\_\_\_ a.m.  / p.m.  Time of Return: \_\_\_\_\_ a.m.  / p.m.

## EXPENSES

**MUST CHECK THE FOLLOWING:**  SEND EXPENSES TO: **ME**  OR **MY UNION**

**VEHICLE TRAVEL - CARPOOLING IS STRONGLY ENCOURAGED AND IN SOME INSTANCES, REQUIRED.**

I was a passenger with \_\_\_\_\_ and have no mileage claim.  
(Name of Driver)

**OR**

I took my VEHICLE:  1-Way OR  Return: From A: \_\_\_\_\_ to B: \_\_\_\_\_ if continued on  
to C: \_\_\_\_\_ to A: \_\_\_\_\_ Total kms: \_\_\_\_\_ @ .35 cents/km = \$ \_\_\_\_\_ 6004 - \_\_\_\_\_

**PARKING/TAXI/AIR/OTHER** (receipts required – please attach): = \$ \_\_\_\_\_ 6004 - \_\_\_\_\_

**HOTEL** (room, taxes and parking charges only - receipts required): \_\_\_\_\_ days x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ 6005 - \_\_\_\_\_

**PERSONAL ACCOMMODATION** (in lieu of hotel expense): \_\_\_\_\_ days x \$25 = \$ \_\_\_\_\_ 6005 - \_\_\_\_\_

**MEALS (INDICATE DAYS AND MEALS BELOW AS APPLICABLE):**

S M T W T F S

Breakfast \$15 x \_\_\_\_\_ = \$ \_\_\_\_\_

Lunch \$15 x \_\_\_\_\_ = \$ \_\_\_\_\_

Supper \$30 x \_\_\_\_\_ = \$ \_\_\_\_\_

**MEAL TOTAL:** = \$ \_\_\_\_\_ 6006 - \_\_\_\_\_

**CHILDCARE** (over and above ordinary childcare costs while on SFL business - receipts required): = \$ \_\_\_\_\_ 6007 - \_\_\_\_\_

**MISCELLANEOUS (please specify):** \_\_\_\_\_ = \$ \_\_\_\_\_

**FACILITATOR HONORARIUM:** \_\_\_\_\_ = \$ \_\_\_\_\_ 6020 - \_\_\_\_\_

**EXPENSE CLAIM TOTAL = \$**

### DIRECT DEPOSIT INFORMATION - MUST COMPLETE ALL (attach void cheque if available):

Payee (Name on Account): \_\_\_\_\_ Email Address for Pay Advice: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Institute # (3 digits): \_\_\_\_\_ Transit # (5 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

**CLAIMANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Direct inquiries to Laura Leahy, Accounting Administrator: 306.924.8570 or email [l.leahy@sfl.sk.ca](mailto:l.leahy@sfl.sk.ca).

----- OFFICE USE ONLY -----

Authorized Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

## **Saskatchewan Federation of Labour, CLC Expense Claim Form Policy and Directions**

**PLEASE NOTE: EXPENSES MUST BE CLAIMED WITHIN THREE MONTHS OF EVENT IN ORDER TO BE REIMBURSED.**

**Top Section:** complete in full, **ensuring** to include:

- **Whether expenses are paid to you OR to your union** (check appropriate box)
- **Union and Local** (even if representing a District Labour Council)
- **SFL Activity and Dates**
- **Time of Departure and Return**

### **Transportation and Accommodation**

#### **Car**

Carpooling is strongly encouraged and in some instances, mandatory. The person whose vehicle is being used may claim the per kilometer rate as set under the mileage policy (see rate on the front of the expense claim).

If a member makes suitable arrangements to travel with someone other than a person charging expenses to the SFL, and if the member is required to and actually pays a portion for the ride, they must obtain a receipt and may claim up to 25% of the per kilometer rate as set out on the front of the expense claim.

#### **Bus or Train**

Travelling by bus or train may be required. Wherever possible, unionized companies must be used, and an expense claimed only with the support of receipt(s).

#### **Airplane**

Travelling by airplane may be required, but only with pre-approval from the SFL President or Secretary Treasurer, and a Unionized airline used where possible. Bookings may be done through the SFL staff. Claims for expenses must be supported by receipt(s).

#### **Taxi**

Travelling outside of home cities or towns, taxi may be required, e.g., to and from airports and hotels. Claims for expenses must be supported by receipt(s).

#### **Hotel or Personal Accommodation**

A unionized hotel must be used wherever possible, and SFL staff will make arrangements for hotel rooms, where attendance while on SFL business requires traveling more than 3 hours (or 300 kms) one direction. Any exceptions must be approved by the SFL President and/or Secretary Treasurer before expenses are incurred or submitted for a hotel room when traveling the evening before.

If you qualified for a hotel but choose to stay at a private residence (**personal accommodation**), for example, a friend or family member's home, you may claim \$25.00/night in lieu of hotel.

**Meals and Sustenance:** A meal allowance at the rates set out on front of the claim form may be claimed if:

**Breakfast**      Departed 7:30 a.m. or **earlier**  
or  
Returned 8:45 a.m. or **later**.

**Lunch**            Departed 11:30 a.m. or **earlier**  
or  
Returned 12:45 p.m. or **later**.

**Supper**            Departed 5:30 p.m. or **earlier**  
or  
Returned 6:45 p.m. or **later**.

**Facilitator Honorarium:** Claimed only on prior approval from SFL President or Secretary Treasurer.

**Union Leave for Lost Wages:** Only actual leave from work to conduct SFL business will be reimbursed.

Lost wages will be reimbursed to the member's union, where union leave from the employer was granted, or to the employer directly. **It is the preference of the SFL that invoices are received from the union or the employer to confirm actual union leave, and ensure that proper hours and rates of pay are reimbursed.**

Lost wages **will NOT** be paid for travel time or for SFL business outside the member's normal working day, i.e., vacation, EDOs/SDOs, etc.

The SFL discourages wages paid directly to the member because the member then must become an employee of the SFL. TD1 forms must be completed, along with proof of employment (hours and wages) and must accompany the lost wages claim. The earnings are subject to tax deductions from the SFL and a T4 issued from the SFL for the end of the year that claim(s) were made.

**SUBMIT SEPARATE EXPENSE CLAIM VOUCHERS FOR EACH SEPARATE EVENT OR ASSIGNMENT.**

**SIGN AND DATE YOUR CLAIM FORM BEFORE SUBMITTING**