



150 Garland Avenue,  
Dartmouth, NS  
B3B 0A7

Tel: (902) 469-1474  
Fax: (902) 466-6935  
www.nsnu.ca  
nsnu.office@nsnu.ca

## NSNU Expense Form

If you have expenses that are to be covered by the NSNU please fill out the following form. Expense forms may be submitted via fax, mail, or scanned and e-mailed with attention to Accounts Payable. Please note that your SIN and DOB are required for payroll purposes, and are only required the first time you submit a form.

Name: \_\_\_\_\_ Classification: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SIN: \_\_\_\_\_ Facility: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City Province Postal Code

Home Phone Work Phone Cell Phone Email

**Mileage** – If claiming mileage expenses, please enter the event you attended, and Kms travelled.

Event	Date	Kms to Event	Kms from Event	Total Kms

at .46/km = Total \$

**Meals** – If claiming meal expenses, enter the dates and amounts of each meal below. Please note the maximum amount covered for each meal.

Date	Breakfast (max. \$12.00)	Lunch (max. \$15.00)	Supper (max. \$25.00)	Total

Total \$

**Other Expenses** – Please note that **receipts are required** for reimbursement of other expenses.

Date	Expense	\$ Amount

Total \$

Total Claim \$

Office Use Only	
Account #	Amount
_____	_____
_____	_____