

# CANADA EMPLOYMENT AND IMMIGRATION UNION FAMILY CARE EXPENSE CLAIM FORM

Member information				
Last name	First name	PSAC Membership #		
Mailing address				
City	Province	Postal code		
Activity information				
CEIU activity (title of conference, course, meeting, etc. – please specify)				
Activity date:	From:	To:		
	Time:	Time:		
Caregiver information				
Care provided by: Unlicensed agency/caregiver	Care provided by: Licensed Agency/Caregiver	License number		
Caregiver/Agency Name				
Mailing address				
City	Province	Postal code		
Telephone numbers:	(home):	(cell):		
Section A – Fees incurred				
(See Reimbursement of fees – Section 1 & 2 for applicable rates)				
Family Member & Relation	Age	Date(s)	Hours of Care	Fees paid
1.				
2.				
3.				
				<b>Total cost (Section A):</b>
<i>If additional space is required, please use separate sheet, and attach it to this claim.</i>				
Section B – Meals				
(See Reimbursement of Fees – Section 3 & 4 for applicable rates)				
Family Member	Number of meals	Fees to reimburse		
1.				
2.				
3.				
				<b>Total cost (Section B):</b>
Section C – Pre-Approved Exceptions				
Please specify: <i>(Attach all supporting documents and receipts)</i>				
				<b>Total cost (Section C):</b>
<b>Total claim (Section A, B, C):</b>				
<i>I certify that the above claimed expenses were incurred as a direct result of attending an authorized CEIU union activity:</i>				
X _____			_____	
<i>Member signature</i>			<i>Date</i>	