



C.U.P.E. ALBERTA DIVISION
60TH ANNUAL CONVENTION
LETHBRIDGE, ALBERTA

APPLICATION FOR
AT-HOME CHILD CARE SUBSIDY

DELEGATE NAME: _____

Please indicate the dates for which at-home child care expenses were incurred, **other than those normally incurred** had the delegate been performing her/his normal work shift. To be verified by the locals Treasurer. Upon submission of a receipt, **your Local Union** will be reimbursed to the maximum of \$60.00 per day per child/dependent.

LOCAL #:	DATE:	COST:	NAME OF CHILD(REN):
	March 25, 2010	_____	_____
	March 26, 2010	_____	_____
	March 27, 2010	_____	_____

MAILING ADDRESS: _____

Signature of Delegate *Signature of Local Treasurer*

ALBERTA DIVISION CONSTITUTION

ARTICLE 17 – CHILD CARE AND EXPENSES

Section 2 *The Division may reimburse delegates for off-site child care/dependent care expenses, unless such expenses would have been normally incurred had the employee been performing their regular work shift. **Reimbursement to be through the delegate’s Local and shall be receipted and expenses only to a maximum of \$60.00 per day, per child/dependent.***

Please RETURN this form along with all the original receipts of payment from the care giver/facility with an accompanying letter from the Local Unions Treasurer verifying the costs to the following:

*Neil Ketler, CUPE Alberta Treasurer
#202 – 10425-Princess Elizabeth Ave
Edmonton, Alberta, T5G-0Y5*

CUPE Alberta Receipt # _____
Deposited on; _____
Local’s Cheque # _____