

FEÉSO❖Unité 64

personnel de soutien

***Ensemble, on est une force!***

**FORMULAIRE DE REMBOURSEMENT**

POUR LES DÉPENSES GÉNÉRALES DES MEMBRES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **A.** | | **NOM :** | | |  | | | | | | | | | | | | | | | ***Courriel personnel :*** | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B.** | | **ADRESSE :** | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | *#Apt, no, rue, unité…* | | | | | | | | | | | *ville* | | | | | | | | | | | | | | | | | | | | *code postal* | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C.** | | **LIEU DE TRAVAIL :** | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Téléphone :** | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ***Adresse du lieu de travail* :** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Activité/Réunion :** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Date :** |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lieu :** | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | *No, rue, unité…* | | | | | | | | | | | | | | | | | | *ville* | | | | | | | | | | | | | | | | | | | ***Code postal*** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. TRANSPORT** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| De : | | | |  | | | | | | | | | | | | | | | | | | | À : | | |  | | | | | | | | | | | | | | | | | |
| ***Km* :** | | | | | | |  | | | | | | | X 0,50$ = | | | $ | | | | | | (1 personne) | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | X 0,60$ = | | | $ | | | | | | (2 personnes et plus) - svp indiquer les noms ci-dessous | | | | | | | | | | | | | | | | | | | | |
|  | | | | *Nom des personnes voyagées :* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stationnement :** | | | | | | | | $ | | | | | | | **ETR 407** : | | | | | | | $ | | | | | | **Taxi, train, autres,** … | | | | | | | | | | | | | $ | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. HÉBERGEMENT** | | | | | | | | | | | | ***Hôtel***: | | | | | | $ | | | | |  | ***Repas***: | | | | | | Déjeuner (13$) : | | | | | | | | $ | | | |  | |
|  | | | | | | | | | | | | ***Autres***\* : | | | | | | $ | | | | |  |  | | | | | | Dîner (20$) : | | | | | | | | $ | | | |  | |
|  | \*Spécifiez : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Souper (47$) : | | | | | | | | $ | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. GARDIENNAGE** | | | | | | | | | | | *(8$/hre max.)* | | | | | | | $ | | | | |  | **G. AUTRES\*\*** | | | | | | | | | | | |  | | | $ | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | *\*\*Spécifiez :* | | | | | | | |  | | | | | | | | | | | |
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| *Date :* | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | **GRAND TOTAL :** | | | | | | | | | $ | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Signature :* | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **⮊ SVP retourner ce formulaire complété à la trésorière, à** [**feeso.tresor64@hotmail.com**](mailto:feeso.tresor64@hotmail.com) **et**  **copier la présidente à** [**feeso.unite64@hotmail.com**](file:///E:\syndicat\Formulaires\Remboursement%20dépenses\feeso.unite64@hotmail.com)**. Merci beaucoup!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section réservée**  **à la *présidente* et/ou *trésorière***  **de l’Unité** | | | | | | | | | | **Date d’approbation :** | | | | | | | | | | | | | | | | | **Date de remboursement :** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ***Approuvé par :*** | | | | | | | | | | ***Chèque***  ***#*** | | | | | | | ***Remboursé par :*** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |