

**Form B – Crew Cycle Expense Recovery of Underpayment**



(Do not fill in shaded areas)

Name (print) \_\_\_\_\_ Emp. # \_\_\_\_\_ Base \_\_\_\_\_

Block Month \_\_\_\_\_ Date of claim \_\_\_\_\_ Signature \_\_\_\_\_

Reason: 1) Allowance incorrect 2) Incorrectly calculated layover meals

**Example:**

Flt. Date	Flight #	Flight Leg	Meal Type	Reason	Amount paid	Amount claimed
May 5/05	857	LHR-YYZ	Lunch	1	15.00	\$25.00

Flt. Date	Flight #	Flight Leg	Meal Type	Reason	Amount paid	Amount claimed

Amt. Approved: \_\_\_\_\_ Reason if denied: \_\_\_\_\_

Flt. Date	Flight #	Flight Leg	Meal Type	Reason	Amount paid	Amount claimed

Amt. Approved: \_\_\_\_\_ Reason if denied: \_\_\_\_\_

Flt. Date	Flight #	Flight Leg	Meal Type	Reason	Amount paid	Amount claimed

Amt. Approved: \_\_\_\_\_ Reason if denied: \_\_\_\_\_

Flt. Date	Flight #	Flight Leg	Meal Type	Reason	Amount paid	Amount claimed

Amt. Approved: \_\_\_\_\_ Reason if denied: \_\_\_\_\_

Flt. Date	Flight #	Flight Leg	Meal Type	Reason	Amount paid	Amount claimed

Amt. Approved: \_\_\_\_\_ Reason if denied: \_\_\_\_\_

**Please attach a COPY OF ALL PAGES of your pay summary for the time period in question and send to Records, Attn: Crew Cycle Expense Recovery, Montreal 1295, keeping a copy for yourself. PLEASE KEEP THE ORIGINAL OF YOUR PAY SUMMARY. Incomplete forms or those without a copy of all pages of your pay summary will be rejected and returned to you.**

**Please submit a Form B for each block month. All claims must be filed within 12 months of the alleged underpayment. No money will be owing on claims filed outside this time limit.**

**If your claim is accepted, please allow up to 60 days for it to appear on your pay statement. If your claim is denied, you may refer it to arbitration pursuant to the Memorandum of Agreement dated December 21, 2004.**