



Expenses and Travel Claim: UNIFOR Local 4050

Name: _____ SIN: * _____ Date of Birth* _____

Address: _____ City: _____

Postal Code: _____ Date: _____

Reason for claim: _____

Anything with a * beside it must be filled out to be paid for Revenue Canada

I, hereby certify that services charged for have been performed, that the amounts are correct and that the expenses incurred were on behalf of Local 4050.

Signature: _____

Wages:

__ Hours @\$ _____ per hour: = _____ + Vacation % = _____

Day Rate \$ _____ + Vacation % = _____

Expenses: _____ TOTALS _____

Hotels: _____ DAYS@ _____ PER DAY -- _____

Meals: @ \$20.00 per breakfast --S, M, T, W, T, F, S

@ \$30.00 per lunch ---- S, M, T, W, T, F, S

@ \$40.00 per supper ---- S, M, T, W, T, F, S

Millage: _____ @40 cents per Kilometre ----- _____

Bylaw 12 section H (policy 18) 20.00 per day _____ Days _____

OTHER _____

Approved By: _____

PRESIDENT

FINANCIAL SECRETARY

ALTERNATE SIGNATURE

Check#: _____

Total Claim \$ _____