

# U.S.W. Local 2009 TIME LOSS AND EXPENSE VOUCHER

EVENT ATTENDED: \_\_\_\_\_

(PLEASE SUBMIT A SEPARATE FORM FOR EACH EVENT ATTENDED)

**WAGES**

DATE	POSITION TITLE	HOURS LOST	HOURLY PAY RATE

**TRANSPORTATION**

DATE	DETAILS: Parking Fees, Airport Tax, etc	# of Km's	COST

**MEALS / OTHER**

DATE	DETAILS: Event	Receipt Amt.	COST

**PER DIEMS**

DATE	PER DIEM TYPE	RATE

**AMOUNTS**

- A = Daily
- B = Out of Town
- C = Overnight

*As you are considered to be a part-time employee, the accounting program may only automatically deduct minimal source deductions. You may want to have more tax deducted from each payment, especially if you receive other income. By doing this, you may not have to pay as much tax when you file your income tax return. If you would like additional tax deducted from this payment, please indicate the amount in the box below.*

\$

**PAYMENT INFORMATION: This section MUST be completed in full before submitting**

NAME:		SIN:	
ADDRESS:		CITY:	
PROVINCE:	POSTAL CODE:	BIRTHDATE:	
PHONE:		HOLIDAY PAY %	
SIGNATURE:		EMPLOYER & DIVISION:	

**ADDITIONAL INSTRUCTIONS:**

\_\_\_\_\_  
Local 2009 Servicing Representative

\_\_\_\_\_  
Local 2009 Financial Secretary