

Time Loss and Expense Voucher

Event Attended: _____

Date: _____ **Hours Lost:** _____
(overtime hours are not applicable)

Wages: Local Union will verify all wages with the payroll department of your employer. (which will include, pension, first aid, shift differentials, vacation percentages, etc.) Please do not fill in this area.

Mileage: (Must include to and from addresses) Local Union will calculate mileage. (Office use only)

Date: _____ KM _____ \$ _____

Date: _____ KM _____ \$ _____

Per Diem: For members who travelled from out of town only (Office use only)

Date: _____ Please Circle: **A** - Daily **B** - Out-of-Town **C** - Overnight \$ _____

Date: _____ Please Circle: **A** - Daily **B** - Out-of-Town **C** - Overnight \$ _____

Other Expenses: (Original receipts must be attached for reimbursement) (Office use only)

Date: _____ Details: _____ \$ _____

Date: _____ Details: _____ \$ _____

Payment Information: This section **MUST** be completed in full before submitting (Please print clearly)

Name: _____

Address: _____ City: _____

Postal Code: _____ SIN: (_____) (_____) (_____) (must provide to pay wages)

Phone: _____ E:mail: _____

Employer: _____ Signature: _____

Payment Authorization

X _____
Signature of Servicing Representative

X _____
Signature of Financial Secretary