



UNITED STEELWORKERS LOCAL 2009
Time Loss and Expense Voucher

Event

Attended:

Hours Lost: (overtime hours are not applicable)

Date: Amount of 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 check if you contribute to the following: Steel Pension IWA Pension RRSP

Mileage: Is calculated on overage.

Did you drive your vehicle today? YES NO If yes, is driving from your home to the Union Hall further than driving to your place of employment? YES NO \$

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: DOB: Year / Month / Day

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