

**Unifor Local 76
EXPENSE CLAIM**

LOST TIME WAGES

Date Submitted: _____

WAGES _____ hours @ \$ _____ per hour WAGES _____ hours @ \$ _____ per hour
WAGES _____ hours @ \$ _____ per hour WAGES _____ hours @ \$ _____ per hour

Invoiced by the Company YES

TRAVEL EXPENSES

Transportation

CAR _____ Kilometers @ _____ \$0.52 per km _____

Sub-total Travel Expenses _____

Daily and General Expenses:

Per diem _____ days @ \$90.00 per day _____
Per diem _____ days @ \$45.00 per day _____
Hotel _____ days @ _____ per day _____
Hotel _____ days @ _____ per day _____
Misc Exper _____ _____

Sub-Total General Expenses _____

TOTAL EXPENSES: _____
LESS ADVANCES: Cheque # _____ _____

Sub Total _____
Less amount of over payment from previous expenses: see attached form _____
Cheque # _____ **Balance Due:** _____

I HEREBY DECLARE THIS TO BE A TRUE STATEMENT FOR:

DATES CLAIMED FOR: _____

DAYS IN LIEU OWED FOR: _____

I WAS ON UNION BUSINESS FOR THE PURPOSE OF: _____

APPROVED BY: _____ SIGNED _____