



# EXPENSE CLAIM

Please Attach Required Receipts • Keep a copy for your records.

NEW INFORMATION SINCE LAST PAYMENT

MEMBER ID#: \_\_\_\_\_ LOCAL #: \_\_\_\_\_ NAME: \_\_\_\_\_

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

PHONE (HM): \_\_\_\_\_

PHONE (WK): \_\_\_\_\_

city province postal code

## SALARY REPLACEMENT

EVENT DAY(S)

\_\_\_\_\_ Shift(s) @ 7.75 hrs. Dates(s) \_\_\_\_\_

LOA from \_\_\_\_\_ hrs to \_\_\_\_\_ hrs. on \_\_\_\_\_

\_\_\_\_\_ Shift(s) @ \_\_\_\_\_ hrs. Dates(s) \_\_\_\_\_

LOA from \_\_\_\_\_ hrs to \_\_\_\_\_ hrs. on \_\_\_\_\_

## ABUTTING SHIFT

\_\_\_\_\_ Shift(s) @ \_\_\_\_\_ hrs. Dates(s) \_\_\_\_\_

LOA from \_\_\_\_\_ hrs to \_\_\_\_\_ hrs on \_\_\_\_\_

**TOTAL:** Shift(s) \_\_\_\_\_ Hour(s) \_\_\_\_\_

## MEALS/TRAVEL

# \_\_\_\_\_ x breakfast Date(s): \_\_\_\_\_

# \_\_\_\_\_ x lunch Date(s): \_\_\_\_\_

# \_\_\_\_\_ x dinner Date(s): \_\_\_\_\_

**TOTAL** # \_\_\_\_\_ Kilometers x \$0.50 for travel between \_\_\_\_\_ & \_\_\_\_\_

## ACCOMMODATION - Receipt Required

Name of Hotel(s) \_\_\_\_\_

\$ \_\_\_\_\_ x \_\_\_\_\_ nights. Date(s): \_\_\_\_\_

## OTHER ITEMS - Receipt Required

\$ \_\_\_\_\_ Item \_\_\_\_\_

\$ \_\_\_\_\_ Item \_\_\_\_\_

\$ \_\_\_\_\_ Item \_\_\_\_\_

SIGNATURE

DATE

**LOCALLY FUNDED**

Local Authorization

## FOR OFFICE USE ONLY

Salary

Expenses

Cheque # \_\_\_\_\_

Cheque Amount: \$ \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date Received

Expense Claim Form • December 2007 • K.A. • C.P.