

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:	

<u>ADDITIONAL INSTRUCTIONS:</u>

Local 2009 Servicing Representative

Local 2009 Financial Secretary