

Event Attended: _____

Hours Lost: _____ (overtime hours are not applicable)

Date: _____

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 _____ 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: _____ DOB: _____ / _____ / _____
Year Month Day

Address: _____ City: _____

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

Phone: _____ E:mail: _____

Employer: _____ Signature: _____

Employer Address: _____

Payment Authorization

X _____
Signature of Servicing Representative

X _____
Signature of Financial Secretary