

EXPENSEVOUCHER



Unifor Local 594
 200 Hodsdman Rd
 REGINA, SK
 306.721.4403

FOR OFFICE USE ONLY

CHEQUE #: _____

DATE ISSUED: _____

Email form to treasurer@unifor594.com or return form to Kaleena Baulin in Lab

NAME		DEPARTMENT	
------	--	------------	--

UNION RELIEF	DATE	AMOUNT	REASON/PURPOSE
12 HR SHIFT		\$325	
10.40 HR SHIFT		\$300	
9.20 HR SHIFT		\$275	
8.20 HR SHIFT		\$250	
	SUBTOTAL:		

LOST WAGES				REASON/PURPOSE
DATE	HOURS	RATE/HR	TOTAL	
WAGES SUBTOTAL:				

PER DIEM				REASON/PURPOSE	
IN TOWN		OUT OF TOWN		MILAGE	
\$20.00 x DAYS	TOTAL	\$90.00 x DAYS	TOTAL	\$0.61 X KM	TOTAL
PER DIEM SUBTOTAL:					
GRAND TOTAL:					

FOR OFFICE USE ONLY

CHEQUE TOTAL:								
---------------	--	--	--	--	--	--	--	--

TREASURER: _____