

YEU TRAVEL/WAGES EXPENSE CLAIM FORM

Member's Name	Send Cheque to
Date and Time of Departure:	Date and Time of Return
Purpose of Travel/LWOP	
Travel/LWOP Authorized by: _____ Date _____	

EXPENSES PREPAID BY UNION:

Transportation	\$	
Accommodation:	\$	
Other	\$	

APPROVED ALLOWANCES:

Private Vehicle Use			\$
From _____ to _____ Whitehorse	<input type="checkbox"/> Return	_____ kms	x _____ cents
Per Diems	_____	_____	\$
Meals	_____ breakfasts @ _____ \$	_____ lunches @ _____ \$	_____ dinners @ _____ \$
Incidentals	_____ days @ _____ \$	_____ days @ _____	\$

OTHER TRAVEL EXPENSES - PLEASE ATTACH RECEIPTS

Vehicle Rental:	\$	
Public Transportation:	\$	
Accommodation:	\$	
Other	\$	

WAGES FOR LEAVE WITHOUT PAY - APPROVED LEAVE FORM MUST BE ATTACHED

_____ hours	from _____ Year _____ Month _____ Day _____ Hour	to _____ Year _____ Month _____ Day _____ Hour	
_____ hours	from _____ Year _____ Month _____ Day _____ Hour	to _____ Year _____ Month _____ Day _____ Hour	
_____ hours	from _____ Year _____ Month _____ Day _____ Hour	to _____ Year _____ Month _____ Day _____ Hour	
Total _____ hours	Add't'l Information: Position Title _____	<input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Annual _____ Rate /Pay	\$

TOTAL CLAIM FOR EXPENSES:	\$	
LESS ADVANCE:	\$	
NET CLAIM:	\$	

CERTIFICATION

I certify that the above expenses were incurred by me on authorized Union business	
signature _____	date _____

FOR OFFICE USE:

Day											
Break fast											
Lunch											
Dinner											
Incidentals											

Approved _____

Date: _____

Cheque No.: _____

Total \$: _____

G/L Dept	Amount
1. _____	\$
2. _____	\$
3. _____	\$
4. _____	\$