

UNIFOR LOCAL 112– WAGES, LOST TIME, & EXPENSE VOUCHER

DATE:	UNIT:	CLOCK #
NAME:		S.I.N.
ADDRESS:		D.O.B.
TEL : ()	CITY:	POSTAL CODE:
CELL: ()	EMAIL:	

Dates Claimed for	Rate	Shift Prem.	Total	Hours	Amount
LOST TIME:			\$		\$
VACATION PAY PERCENTAGE:	%		VACATION PAY		\$
SHIFT STARTS:	ENDS		GROSS PAY		\$

REASON:

LESS DEDUCTIONS:

C.P.P.	\$	
E.I.	\$	
TAXES	\$	()

NET PAY \$

Member's Expenses: _____

Milage:

Date	Reason	KM	Rate	Amount
			.73	
			.73	
			.73	

Meals:

Meal	Reason	Date	Qty.	Rate	Amount
Breakfast				\$15.00	
Lunch				\$20.00	
Dinner				\$30.00	

Per Diem

Date	Reason	Qty.	Rate	Amount
			\$20.00	
			\$45.00	
			\$60.00	
			\$90.00	

Other Expenses

Date	Reason	Amount

SUBMITTED BY: _____

TOTAL PAYABLE: \$

APPROVED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

CHEQUE No _____

DATE PAID: _____ / _____ , 20