

# 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				<b>GROSS PAY</b>	\$

REASON: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LESS DEDUCTIONS:	
C.P.P.	\$
E.I.	\$
TAXES	\$ (                      )

**NET PAY \$** \_\_\_\_\_

Member's Expenses: \_\_\_\_\_

**Milage:**

Date	Reason	KM	Rate	Amount
			.70	
			.70	
			.70	

**Meals:**

Date	Reason	Meal	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: \_\_\_\_\_

CHEQUE No \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ / \_\_\_\_\_ , 20\_\_\_\_\_