EXPENSES AND LOST WAGES STATEMENT OF CLAIM

Date _____

Name _____

Address _____

_____

Postal Code

Event _____

Employer _____

Salary $ _____ **#Hrs per week** _____

Date	Detail of Expense	KM. 0.49	Amount	HOTEL	PER DIEM MEALS	LOST HOURS	TIME	OTHER	SUB TOTAL

Signature of Claimant _____

TOTAL EXPENSES =

Approved by Chairperson/Local Officer _____

Unifor Local 87-M 1253 Queen Street East, Toronto Ontario M4L 1C2

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