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 91 Skyway Avenue, Unit 106, Etobicoke, Ontario M9W 6R5

Phone 416-461-2461 Fax 416-461-5058