

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address & Postal Code :** \_\_\_\_\_

**UNIT:** \_\_\_\_\_

**Purpose of Filing:** \_\_\_\_\_

**SIN #: (if not on file)** \_\_\_\_\_

DATE															TOTALS
Wages /Lost Time(requires signed Paid Union Leave Time Off Form)	Hrs	Rate	Hrs	Rate	Hrs	Rate	Hrs	Rate	Hrs	Rate	Hrs	Rate	Hrs	Rate	
Hotel															
Out of Town / In Town -Per Diem															
Mileage – FILL OUT MILEAGE RECORD BELOW	Kms	Rate \$ .70	Kms	Rate \$ .70	Kms	Rate \$ .70	Kms	Rate \$ .70	Kms	Rate \$ .70	Kms	Rate \$ .70	Kms	Rate \$ .70	
Transportation Costs															
Air Travel															

Mileage Record:			
FROM	TO	TOTAL	

**Employee Signature:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

*All expenses **MUST** be accompanied by receipts – Expenses are reimbursed on the 15<sup>th</sup> & 30<sup>th</sup> of each month*

**Wage reimbursement requests must be accompanied by signed Paid Union Leave – Time Off Request Form**