



UNIFOR - Local 601

Statement of Expenses

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 \$.48	Kms	Rate \$.48	Kms	Rate \$.48	Kms	Rate \$.48	Kms	Rate \$.48	Kms	Rate \$.48	Kms	Rate \$.48	
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 15th & 30th of each month*

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