



I.B.E.W. LOCAL 37 - EXPENSE FORM

NAME
 WORK LOCATION
 UNION ACTIVITY
 DATE SUBMITTED

CHEQUE #:
DATE PAID:

EXPENSE DATE

BRIEF DISCRIPTION

Breakfast (\$10.00)

Lunch (\$14.00)

Dinner (\$20.00)

Accommodation

Km @ .35¢

Travel Fares

Taxi

Parking

Honourarium

Per Diem

Out of Province

Other

Other

TOTAL

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

EXPENSE CODES

For accounting use only

SIGNATURE: _____

APPROVED BY: _____