



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



NAME

WORK LOCATION

UNION ACTIVITY

DATE SUBMITTED

EXPENSE DATE

BRIEF DESCRIPTION

TOTAL

Breakfast (\$10.00)

Lunch (\$14.00)

Dinner (\$20.00)

Accommodations
(Receipts Required)

_____ Km @ .35¢

Travel From (start location):

To (destination):

Travel Fares
(Receipts Required)

Taxi
(Receipts Required)

Parking
(Receipts Required)

Honourarium

Per Diem

Other

Other

TOTAL

EXPENSE CODES

For accounting use only

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SIGNATURE: _____

APPROVED BY: _____