



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



**NAME**

**WORK LOCATION**

**UNION ACTIVITY**

**DATE SUBMITTED**


**EXPENSE DATE**

**BRIEF DESCRIPTION**

**TOTAL**

Breakfast (\$15.00)

Lunch (\$20.00)

Dinner (\$25.00)

Accommodations  
*(Receipts Required)*

\_\_\_\_\_ Km @ .45¢


**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*


**SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_