

EXPENSE REPORT FORM

This form must be completed with all receipts attached and submitted to the Secretary- Treasurer within thirty (30) days of the completion of the Union assignment. It must be delivered to the Union office at 7980 River Road, Richmond, BC or sent GOMAIL to YVR 3250

**NAME:**

**ADDRESS:**

**AC MAIL DROP:**

**POSTAL CODE:**

**HOME PHONE #:**

**WORK PHONE #:**

**ASSIGNMENT (SPECIFY):**

**DATE(S):**

**WORK DAY(S): REST DAY(S):**

***THE INFORMATION IN THIS SECTION MUST BE COMPLETE AND ACCURATE OR PAYMENT WILL BE DELAYED***

**CURRENCY:**

**EXCHANGE RATE:**

**PER DIEMS:**

**WINPISINGER CENTER DAYS @ $20 =**

**IN TOWN DAYS @ $30 OUT OF TOWN DAYS @ $75 =**

**HOTEL CHARGES:**

**NIGHTS @ $**

**GROUND TRANSPORTATION (BUS / TAXI / PARKING):**

**AIR FARE / AIR / PASS SERVICE CHARGES:**

**PER NIGHT =**

**=**

**=**

**MILEAGE:**

**OTHER (SPECIFY):**

**KM @ $0.72/KM =**

**=**

**=**

**=**

**TOTAL ALLOWABLE EXPENSES:**

**$**

**I HEREBY CERTIFY THAT THIS EXPENSE CLAIM FORM IS ACCURATE**

**MEMBER SIGNATURE:**

**DATE:**

**TRUSTEE SIGNATURE: TRUSTEE SIGNATURE:**

**CHEQUE**

**OR EFT# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRUSTEE SIGNATURE:**

Expense Report Form - Eff January, 2025