

EXPENSE VOUCHER

Name: _____ Date submitted: _____

Address: _____

Reason for expense and date of expense: _____

Details of Expenses

<u>Details of Expenses</u>	Receipt "R" Attached	Total
Travel from _____ to _____	_____	\$ _____
Mileage: Number of Kms. _____ @ 38¢ per Km. =	_____	\$ _____
Motel: _____ Day(s) @ \$ _____ per day =	_____	\$ _____
Meal allowance - Breakfast = \$ 10.00 x _____	_____	\$ _____
Lunch = \$ 17.50 x _____	_____	\$ _____
Dinner = \$ 22.50 x _____	_____	\$ _____
_____	_____	\$ _____
Total - Expenses	_____	\$ _____

Details of Lost Wages

Social Insurance Number (S.I.N.): _____

Date of Birth: _____

*** If we do not have your social insurance number and your date of birth we cannot issue you a cheque for lost wages.*

Lost Wages: _____ Day(s), _____ Hours, _____ Rate =	_____	\$ _____
Deductions: Income Tax Deduction	_____	(\$ _____)
Canada Pension Plan (CPP)	_____	(\$ _____)
Employment Insurance (EI)	_____	(\$ _____)
Other: _____	_____	(\$ _____)
Other: _____	_____	(\$ _____)
Other: _____	_____	(\$ _____)
Total - Lost wages after deductions	_____	\$ _____

TOTAL REQUESTED:

\$ _____

Please attach necessary receipts and mark "R" in appropriate column where a receipt applies.

(OFFICE USE ONLY)

This is to certify that the amounts on this statement were incurred by me on behalf of the New Brunswick Federation of Labour

Signature: _____

Payment recommended by: _____

Approved by: _____

Paid by Cheque no. : _____

Date: _____

New Brunswick Federation of Labour
9-150 Edmonton Avenue
Moncton, NB E1C 3B9
Telephone : 857-2125 / Fax : 383-1597

Distribution of Charges		
Account	\$	¢
TOTAL		