



International Union of Operating Engineers Local 772

Expense

NOTE: In order to receive timely payment of expenses, PLEASE PRINT CLEARLY.

Name _____

Address (must be completed) _____

Mileage (65¢/km) enter total km _____ \$ _____

Parking _____ \$ _____

Accommodation _____ \$ _____

Meals _____ \$ _____

Lost Wages
Date(s) _____
Bargaining Unit _____
Number of Hours _____
Rate per hour _____ \$ _____

Car Rental _____ \$ _____

Gas (with Rental) _____ \$ _____

Other expenses (specify) _____ \$ _____

TOTAL EXPENSES \$ _____

Method of payment cheque e-transfer email: _____

Signature (required for approval) X _____ Date _____

This space for Office use only

Business Manager's signature _____ Date _____

Cheque number _____ Date _____

