



UNIFOR
Local 1106 | Canada

Members Expense Form

Member Identification	Date (Y/M/D)	Nature of Union Business	Description of Expense	Total \$
Name:				
Address:				
Postal Code:				
Employed at:				
S.I.N.				
Full-Time/Part-Time				
Scheduled to Work?				
Day off?				
for office use only				
gross pay				
Less CPP				
E.I.				
I.T.				
Union Dues:				
Net Pay:				
Plus expenses:				
<u>Total:</u>				
Staff authorization				
Employer bills?				
<u>Total \$:</u>				

Cheque #: _____

Issued on: _____