

Local 401

Expense Voucher

Fax: 250-729-0866

Name: _____ Date Submitted: _____
Address: _____
City/Postal Code: _____

Mileage

Reason for Expense: _____
Total KM's _____ @ \$.72/km Total: \$ _____

Expenses — Attach Receipt(s)

Expense	Amount
	Total: \$ _____

Per Diem

Reason for Per Diem _____
Number of days _____ @ \$ _____ Total: \$ _____

Rates — Per Diem

- \$43.00 per ½ day meeting - \$51.00 for ½ day of incoming travel to next day meeting or return. -\$51.00 per day meeting (when no meals are provided)	- \$102.00 per day for an all-day meeting (when no meals are provided). -\$102.00 per day for full travel to and from meetings	\$20.00 per day for all day meetings when all expenses (meals) are included. \$20.00 for Video meetings (4 hours or more)
---	---	--

Authorization

Member _____
Name (print) Signature Date

Treasurer _____
Name (print) Signature Date

President _____
Name (print) Signature Date

Date Stamp: _____ Cheque # _____ Total: \$ _____