



Canadian Airways Lodge No. 764

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

HEAD OFFICE: 7980 RIVER ROAD, RICHMOND, B.C. V6X 1X7

TEL: (604) 273-9668

FAX: (604) 273-9670

EXPENSE REPORT FORM 2010

This form must be completed, with 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, B.C., or sent COMAIL to YVR3250.

NAME _____ MAIL DROP _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
ASSIGNMENT (SPECIFY) _____
DATE(S) _____ WORK DAYS _____ REST DAYS _____

CURRENCY _____ EXCHANGE RATE _____
PER DIEMS: IN TOWN _____ DAYS @ \$20 = _____
OUT OF TOWN _____ DAYS @ \$60 = _____
HOTEL CHARGES _____ NIGHTS @ \$ _____ /NIGHT = _____
GROUND TRANSPORTATION (BUS/ TAXI/ PARKING) _____
AIR FARE / AIF / PASS SERVICE CHARGES _____
MILEAGE _____ KM @ \$0.40/KM = _____
OTHER (SPECIFY) _____

TOTAL ALLOWABLE EXPENSES _____

ADVANCE AMOUNT (CHQ # _____ DATE _____) _____

BALANCE OWED : TO MEMBER _____
: FROM MEMBER _____

I HEREBY CERTIFY THAT THIS EXPENSE FORM IS ACCURATE

MEMBER SIGNATURE _____ DATE _____