

**INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS**

**I.B.E.W.
Local Union # 2067**

NAME _____ DATE _____

POSITION _____ UNIT # _____

TAXABLE EXPENSE RECORD

	SUN	MON	TUE	WED	THUR	FRI	SAT	AMOUNT CLAIMED
DATE								
DETAIL OF UNION BUSINESS								
WAGES IN LIEU OF								
HOURLY RATE								
HOURS/DAY								
CLAIM								
LATE TRAVEL								
DATE								
HOURS								
CLAIM								
SALARIES								
MONTH(S)								
RATE/MONTH								
CLAIM								
FOR OFFICE USE ONLY - PLEASE DO NOT COMPLETE ANY FURTHER							TOTAL	
DEDUCTIONS								
INCOME TAX								
CANADA PENSION PLAN								
EMPLOYMENT INSURANCE								
TOTAL DEDUCTIONS								
TOTAL EXPENSES								

SIGNATURE _____ SIN # _____

ADDRESS _____ APPROVED _____

_____ CHEQUE # _____

DATE OF BIRTH _____