

**INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS**

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

1234

Name: _____
Position: _____

Date: _____
Unit#: _____

Taxable Expense Record

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Amount Claimed
Date:								
Details of Union Business:								
Wages in Lieu of:								
Hourly Rate:								
Hours/Day:								
Claim:								\$0.00
Late Travel:								
Date:								
Hours								
Hourly Rate:								
Claim:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Salaries: ABM Substitution								
Month:								
Rate/Month								
Claim:								\$0.00
For Office Use Only - PLEASE DO NOT COMPLETE ANY FURTHER								TOTAL: \$0.00
Deductions:								
Income Tax:								
Canada Pension Plan:								
Employment Insurance:								
TOTAL DEDUCTIONS:								
TOTAL EXPENSES:								

Signature: _____
Address: _____

Date of Birth: _____

SIN #: _____
Approved: _____
Cheque #: _____