**Canadian Union of Public Employees**
**(Alberta Division)**

**WAGE CLAIM VOUCHER**

**NAME:**

_____

**ADDRESS:**_____

**DATE (From):** _____ **DATE (To):** _____

**LOCATION EXPENSES INCURRED:** _____

**REASON FOR PAYMENT OF WAGES:** _____

_____ **Hours @ $** _____ **= $**

**LOST WAGES TO BE PAID TO: (Check one)** **Local Union** ☐ **(or)** **Employer** ☐

**NAME OF LOCAL UNION (or) EMPLOYER** _____

**ADDRESS:** _____

**Invoice attached:** ☐ **Invoice to follow:** ☐

**********

**I hereby certify that the records above are a true and correct record of my expenses**

_____ _____

**Date** **Signature of Claimant**

**Approval of Committee Chairperson:** _____

**Office Use Only**

**Receipt #** _____ **Deposited on:**_____ **Cheque #** _____

**Committee/Meeting Attended:** _____