



Canadian Union of Public Employees
(Alberta Division)

WAGE CLAIM VOUCHER
(to be submitted within 30 days of Division function)

NAME: _____

ADDRESS: _____

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

LOCATION EXPENSES INCURRED: _____

REASON FOR PAYMENT OF WAGES: _____

_____ Hours @ \$ _____ = \$ _____

LOST WAGES TO BE PAID TO:

NAME OF LOCAL UNION _____

ADDRESS _____

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

Date Signature of Claimant Signature of Local Treasurer

Approval of Division Treasurer: _____

Office Use Only

Receipt # _____ Deposited on: _____ Cheque # _____

Committee/Meeting Attended: _____