



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:

\_\_\_\_\_