



WAGES, LOST TIME AND EXPENSE VOUCHER

UNIT: _____

Name: _____

Address: _____ City: _____ Postal code: _____

Classification: F.T. P.T. S.I.N # _____ Phone: _____

	DATE	TRAVEL		A	B	C	Reasons for Claim Give full details: Be specific
		From	To	Hours	Kilometers	Expenses	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total hours							

<p>BASE HOURLY RATE PLUS INCOME: = _____</p> <p>COLA = _____</p> <p>SHIFT PREMIUM: = _____</p> <p>TOTAL RATE: = _____</p> <p>GROSS LOST TIME OR WAGES: =\$ _____</p> <p>LOSS OF VAC. PAY x _____ % _____ \$ =\$ _____</p> <p>TOTAL: =\$ _____</p> <p>DEDUCTIONS INCOME TAX: _____</p> <p>C.P.P. _____</p> <p>E.I. _____</p> <p>UNION DUES _____</p> <p>OTHER _____</p> <p>TOTAL DEDUCTIONS _____ \$</p> <p>NET EARNINGS _____ \$</p>	<p>EXPENSES:</p> <p>HOTEL: _____ @ _____ =\$ _____</p> <p>TRAVEL K.M. _____ x .48¢ =\$ _____</p> <p>LICENCE PLATE: _____</p> <p>EXPENSES: (BOX C.) =\$ _____</p> <p>OTHER: _____ =\$ _____</p> <p>TOTAL EXPENSES =\$ _____</p> <p>AMOUNT OF CHEQUE =\$ _____</p> <p>I Hereby certify that lost time hours claimed are in reimbursement for actual regular contractual time lost from work.</p> <p>Signature: _____ Must be signed by claimant</p> <p>Authorized by: _____ Date: _____</p> <p>Approved by: _____ Date: _____</p> <p>Payment will not be made on this voucher unless previously authorized.</p> <p>Paid by Cheque No. _____ Date: _____</p>
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