



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

Cheque # _____

Committee/Meeting Attended: _____

Account

Amount

Lost Wages _____
