



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: \_\_\_\_\_

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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: \_\_\_\_\_