



**INTERNATIONAL ASSOCIATION OF MACHINISTS  
AND AEROSPACE WORKERS  
LOCAL LODGE 99**



MEMBERSHIP EXPENSE REPORT (PLEASE PRINT)    DATE :

#101, 10471 – 178 STREET    EDMONTON, AB    T5S-1R5

Name : \_\_\_\_\_ Reason : \_\_\_\_\_ Employer : \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_ Shop : \_\_\_\_\_  
 \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

\*   \*   \*   \*   \*   \*   \*   \*   \*   \*   \*   \*   \*

**LOST WAGES – FORWARD TO D L 14.**    /    SIN: \_\_\_\_\_  
**Will not be processed without above information being completed.**

	RATE	# of Days/Hours	Dates	TOTAL
per Diem	250			
RATE 1				
RATE 2				

\*   \*   \*   \*   \*   \*   \*   \*   \*   \*   \*   \*   \*

OTHER EXPENSES - TO BE PAID BY L L 99

CATEGORY	RATE	PERIOD	TOTAL
MILEAGE	@ \$0.50 / KM	# KM	\$
BREAKFAST	\$16.00	# DAY/S	\$
LUNCH	\$16.00	# DAY/S	\$
SUPPER	\$28.00	# DAY/S	\$
ACCOMMODATIONS	\$	# NIGHT/S	\$

MISCELLANEOUS EXPENSES – TO BE PAID BY L L 99

DETAILS	TOTAL
	\$
	\$
	\$

ALL RECEIPTS MUST BE ATTACHED                      SUB TOTAL \$ \_\_\_\_\_

ADVANCED MONIES – CHEQUE # \_\_\_\_\_              ADVANCE \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_                                      GR. TOTAL \$ \_\_\_\_\_

PRESIDENT \_\_\_\_\_                                      CHEQUE # \_\_\_\_\_