

# IAMAW LOCAL 99

## CONTRACTORS DUES FORM (MAY 1, 2016 - APRIL 30, 2018)

<b>Invoice Number Format:</b> 99/month/facility/year Sample: <b>99/11/D09/18</b>	<b>Date :</b> <b>Invoice Number :</b>
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<b>The numbers listed below are to be charged per contractor worker, per month.</b>	
Central Southern <b>\$98.80</b>	NWT <b>\$113.63</b>
Grand Prairie <b>\$103.74</b>	Oilsands / Wood Buffalo <b>\$124.54</b>

<b>Branch/Facility Number :</b>	<b>Steward's Name :</b>
<b>Steward's Signature :</b>	<b>Steward's Phone Number :</b>
	<b>Steward's Email Address :</b>

					To be filled out by Management		
Date Worked	Contractor Name	# of Workers	Applicable Rate	SubTotal	Manager	GL Code	Facility

<b>TOTAL:</b>	
<b>Approver's Name :</b>	
<b>Approver's Employee# :</b>	
<b>Approver's CA# :</b> <small>(M3 payee authorize user #)</small>	
<b>Approver's Signature :</b>	



Please submit invoices to both:  
**invoices@finning.ca    jbrydges@iamaw99.ca**