



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



MEMBERSHIP EXPENSE REPORT (PLEASE PRINT)      DATE \_\_\_\_\_

#107, 10471 – 178 STREET      EDMONTON, AB      T5S-1R5

NAME \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ REASON \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

S.I.N. \_\_\_\_\_

**LOST WAGES: TO BE FORWARDED TO DL 14.**

**This form will not be processed without above information being completed.**

**OFF-SHIFT PER DIEMS**

Dates (MM/DD/YY)	Rate	# of Days	Total
	\$250		\$
	\$250		\$
	\$250		\$

**LOST TIME**

Dates (MM/DD/YY)	Wage Rate	# of Hours	Total
			\$
			\$
			\$
			\$
			\$

**DETAILS (SHIFT WORKED AND/OR DUTIES PERFORMED)**


MEMBER'S SIGNATURE \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_

Cheque # \_\_\_\_\_

Subtotal	\$
EI	\$
CPP	\$
Income tax	\$
<b>Gr. Total</b>	<b>\$</b>

This form needs to be signed by the claiming member and then forwarded to Local 99 for authorization.

Other Expenses incurred will need to be claimed on the Local 99 Expense form.