



**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 # _____

[Click in the box below to
perform final calculations](#)

Subtotal	\$
EI	\$
CPP	\$
Income tax	\$
Gr. Total	\$

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.