



**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	\$
<b>Gr. Total</b>	<b>\$</b>

This form needs to be signed by the claiming member and then forwarded to Local 99 for authorization. By signing this form I attest that I am entitled to the payments listed above. Other Expenses incurred will need to be claimed on the Local 99 Expense form.