



**INTERNATIONAL ASSOCIATION of MACHINISTS
and AEROSPACE WORKERS
District Lodge 14 and Affiliated Lodges 2583, 1722, 99**



#107, 10471 - 178 Street NW
Edmonton, Alberta
T5S 1R5

Tel: (780) 483-4103
Fax: (780) 486-0674
Toll Free: (866) 799-7799

Lost Wages Reporting Form

Member's Name		Reason for Expense	
Mailing Address		Employer	
Phone Number		Email	
City	Province	Postal Code	
SIN	This form will <u>not</u> be processed unless <u>all</u> information is provided.		
Work performed for:	<input type="checkbox"/> DL 14 (email: bmakey@iamdl14.org)	<input type="checkbox"/> LL 2583: (email dardarbinks5@shaw.ca)	
	<input type="checkbox"/> LL 1722 (email: franzen.kyle@yahoo.com)	<input type="checkbox"/> LL 99 (email: jbrydges@iamaw99.ca)	

<u>Date</u> mm/dd/yy	<u>Hours</u>	<u>Hourly Rate</u>			<u>Wage Subtotal</u>	<u>Other</u>	<u>Line Total</u>
		Rate 1	Rate 2	Rate 3			
Total :							

By signing my name below, I attest that I am entitled to the payments/reimbursements listed above.

EI :	
CPP :	
Tax :	
Pension :	

Advance Cheque # _____ Issued on Cheque # _____

Advance	Additional Withhold	Grand Total

Date : _____
Signature : _____

Authorizing Name : _____
Authorizing Signature: _____