



Local 3911 Expense Claim

Name:

Date:

Mailing Address:

Telephone:

Date	Description & Detail	KM	Food	Accom.	Misc.	Total	
	Totals for this sheet						
	Totals from other sheets						
	Grand total						
	Total kilometers		@ \$0.55 per km				
<small>I hereby certify that this claim is correct in every respect and that all expenses were necessarily incurred in the performance of official duties.</small> Signature of Claimant _____							
						Total Expenses	
						Less: Advances	
						Balance Due	

Signature of Claimant

Cheque # _____ Verified: _____

Authorized by: _____

Date: _____

