PPWC LOCAL 5
LOST TIME & EXPENSES VOUCHER

Complete this section in full if this is the first voucher you are filling out for the year.

NAME

If there is a change to your address please indicate it with the notation "NEW ADDRESS." Thanks.

ADDRESS | **TEL**

CITY | **PROV** | **POSTAL** | **CEL**

DATE OF BIRTH [MM/DD/YY] | **S.I.N.**

PLANT

Complete shaded areas

REASON FOR LOST TIME & APPLICABLE DATE(S)

LOST WAGES

_____ *Number of Hours* X $_____ *Wage Rate* = $_____ *Wages*

SHIFT PREMIUMS

AFT/GRV	_____ HRS. @	_____	$_____
1ST AID	_____ HRS. @	_____	$_____
SUNDAY	_____ HRS. @	_____	$_____
O/T	_____ HRS. @	_____	$_____

TOTAL WAGES $_____

VACATION PAY _____ *Total Wages* X _____ *2% x # of weeks* % $_____

SUBTOTAL $_____

PENSION _____ *Total Wages* X _____ *Percentage* % $_____

GROSS PAY $_____

DEDUCTIONS

CPP	_____
EI	_____
FED. TAX	_____
BC TAX	_____ $_____
UNION DUES	_____
PPWC PENSION	_____

TOTAL DEDUCTIONS $_____

NET PAYROLL $_____

REIMBURSEMENTS

15 $/meal — # of meals in box _____ — Per Diems $_____

.406 c/ km — kms in box _____ — Mileage $_____

Parking $_____ attach receipts

Supplies $_____ attach receipts

Hotel $_____ attach receipts

other _____ $_____

$_____

other _____ $_____

other _____ $_____

Total Cheque Amount $_____

SIGNATURE | **DATE**

FINANCIAL SECRETARY | **DATE**