

**SALARY, LOST TIME AND EXPENSE VOUCHER**  
**UNITED STEELWORKERS AFL-CIO-CLC**

CHEQUE # \_\_\_\_\_  
**Internal Use**

*Date submitting expense claim  
after training*

LOCAL UNION NO. 8914

DATE \_\_\_\_\_

NAME (print) Union Member

SOC. INS. NO. Completed one time for you to be  
entered into data base

ADDRESS 325 Fairmont Drive, Saskatoon, SK S7M 5G7

EMPLOYER: Cameco (Location) / ACLP (Location)

EMPLOYEE # \_\_\_\_\_

Date	Hours Lost	Rate Per Hr.	Reason for Lost Time	Gross Wages	Taxable Expenses	Cash Book Column
			Shop Steward Training Level 1			
			Most often these will be your choices:			
			"No Lost Time" - Days off			
			Union Buy Back - ACLP			
			0230 - President Hours (APPROVED)			
TOTAL HOURS			<b>WITH 2 Night HOTEL STAY</b>	TOTAL GROSS		

Taxable Expense (Do not withhold dues from this figure.)	_____
Total Taxable Earnings (Withhold all Taxes from this total.)	_____
<b>Financial</b>	
<b>Cash Book</b>	
LESS:	
11 ..... Employment Insurance	_____
12 ..... Canada/Quebec Pension Plan	_____
13 ..... Federal & Provincial Income Tax	_____
14 ..... Other Deductions	_____
15 ..... Other Deduction - \$.02 (or \$.05) x Total Hours	_____
15A ..... % or % or Other Rate) x Gross = Dues Withheld	_____
Net Wages After Taxes and Dues Withheld	_____
Expenses (Non Taxable) Plus	_____
Total Amount Paid - (Amount of CHQ. Col. 10)	<u>638.02</u>

<b>(Non-Taxable) EXPENSE VOUCHER (MUST BE ITEMIZED)</b>						
Date	From	To	Travel	Meals	Hotel	Misc. Expenses
Dec 7, 2021	Meadow Lake (384KM x .59)	Days Inn Hotel	226.56	67.00		
	<i>Be specific in your From &amp; To - your address to destination address</i>					
Dec 8, 2021	Days Inn (9.7 KM x .59)	USW Office	5.70	67.00		
Dec 8, 2021	USW Office (9.7 KM x .59)	Days Inn Hotel	5.70			
	<i>Per Diem is \$67 per night in hotel and \$39.50 on day home</i>					
Dec 9, 2021	Days Inn Hotel (384KMx.59)	Meadow Lake	226.56	39.50		
	<i>Your hotel receipt must accompany expense claim</i>					
TOTALS:			464.52	173.50	-	-

MEETING DATE APPROVED: \_\_\_\_\_ TOTAL EXPENSES \$ 638.02

SIGNATURE \_\_\_\_\_ **REQUIRED**

PERIOD COVERED FROM: \_\_\_\_\_ TO \_\_\_\_\_