



BC FERRY and MARINE WORKERS' UNION

Childcare Expense Claim Form

Member's Name _____

Address _____

City and Postal Code _____

Date & Purpose of Meeting _____

Child(ren)s Name & Age _____

Times and/or Dates of Care _____

Childcare Provider's Name _____

Address _____

City and Postal Code _____

Signature & Date _____

Total Amount of Claim _____

ATTACH TO EXPENSE CLAIM FORM AND FORWARD TO:

BC Ferry & Marine Workers' Union
1511 Stewart Avenue, Nanaimo, BC V9S 4E3

For Office Use Only: Cheque No: _____

Date: _____