BCFMWU
1511 Stewart Avenue
Nanaimo, BC
V9S 4E3

Date Submitted: _____

Name: _____
Address: _____
City & Postal Code: _____ **Phone #:** _____

Signature: _____ **Local:** _____

Date(s) of Event Y	M	D	EVENT/MEETING DESCRIPTION (One per Claim)	Overnight $15.00	B $15	L $20	D $30	Mileage: KMs	$ Amount	Expenses & ATTACHED RECEIPTS Type	$ Amount	FOR OFFICE USE ONLY	
										Adjustments			
OFFICE USE ONLY (PLEASE DO NOT TOTAL YOUR EXPENSE CLAIMS)				$	$	$	$		$		$		

FOR OFFICE USE ONLY

Approved _____ CHEQUE #: _____

Approved _____ DATE: _____

Secretary-Treasurer _____ COMMENTS: _____

Trustee _____ _____

Forward copy by email, fax or mail:

Email: mailroom@bcfmwu.com
Fax: **250.716.3455**
Mail: **BCFMWU 1511 Stewart Avenue, Nanaimo, BC V9S 4E3**