

**UNITED TRANSPORTATION UNION
EDUCATION FUND CLAIM FORM**

The following is a statement of time and expenses, and the amount due me for services rendered for the
education session at _____.

Departed from home city	Date _____	Time _____	For mileage claims only
Arrived at meeting place	Date _____	Time _____	Odometer readings:
Meeting called	Date _____	Time _____	Starting _____
Meeting adjourned	Date _____	Time _____	Ending _____
Departed meeting place	Date _____	Time _____	Total _____
Arrived at home city	Date _____	Time _____	Less Personal (if any) _____
			Miles claimed _____

	From	To	No. Days	Rate Per Day	Amount
Travel and session days	_____	_____	_____	\$ _____	\$ _____
Time lost prior to departure date.					\$ _____
Time lost after date of return home					\$ _____
Per diem dates.	_____	_____	_____	\$ _____	\$ _____
Transportation expense (include receipts)					\$ _____
Miscellaneous expenses (include receipts) _____					\$ _____
Less Advances					\$ _____
				TOTAL	\$ _____

State purpose of meeting: _____

Please return completed forms to:
General Chairperson,
United Transportation Union,

Social Insurance Number: _____

Respectfully Submitted: _____

(print clearly)

(signature)

Address: _____

(street)

(city and postal code)