

**EVENT:**

**ONLINE MEETING/EVENT ONLY**



# FBA SALARY AND EXPENSE VOUCHER

5000 North Fraser Way, Burnaby, BC V5J 5M3 • ph: 604-438-5000 (1-800-663-5813)

**PLEASE PRINT OR TYPE & FILL OUT COMPLETELY. RETURN BY EMAIL.**

|                  |                  |                                    |             |
|------------------|------------------|------------------------------------|-------------|
| Name             |                  | Personal Email (Not Employer/work) |             |
| Address          |                  | City                               | Postal Code |
| Telephone (Home) | Telephone (Cell) | Telephone (Work)                   | Extension   |
| Employer         |                  | Facility Name                      |             |
| Meeting Dates    |                  |                                    |             |

| Work Schedule<br><i>Please write "day off" if applicable</i> |            |          |                  | Expenses<br><i>All expenses must be PRE-APPROVED by emailing <a href="mailto:membervouchers@heu.org">membervouchers@heu.org</a>.</i> |                                     | Additional Information |
|--|------------|----------|------------------|--|-------------------------------------|------------------------|
| Date<br>MM/DD/YY   | Start Time | End Time | Work Hrs per day | Mileage (km x 72¢)<br>#km                  \$\$  | Parking, Transportation, Other \$\$ |                        |
|  |            |          |                  |  |                                     |                        |
|  |            |          |                  |  |                                     |                        |
|  |            |          |                  |  |                                     |                        |
|  |            |          |                  |  |                                     |                        |
|  |            |          |                  |  |                                     |                        |
|  |            |          |                  |  |                                     |                        |
|  |            |          |                  |  |                                     |                        |
| Total (A)  |            |          |                  |  |                                     |                        |

## WAGES

Before any wages can be paid, the following questions must be answered:

- Will your employer keep you on the payroll and send the invoice to HEU?  YES  NO
- Work Status:  Full-Time  Part-Time  Casual

TOTAL HOURS ON UNION LEAVE (A)+(B) \_\_\_\_\_ at \$ \_\_\_\_\_ per hour

- Please email completed vouchers to [membervouchers@heu.org](mailto:membervouchers@heu.org) or mail to Hospital Employees' Union - Provincial Office - Attn: Finance Department
- If you have any questions, please contact [membervouchers@heu.org](mailto:membervouchers@heu.org)

|                    |                                 |
|--------------------|---------------------------------|
| Member's Signature | HEU Approval (Name & Signature) |
|--------------------|---------------------------------|