

# MILLWORKERS HEALTH & WELFARE PLAN (UNIFOR) FUND



45 McINTOSH DRIVE, MARKHAM, ON L3R 8C7  
Phone: 1-800-263-3564 Fax: 905-946-2535  
Email: questions@millworkersuniforbenefits.org

## TRUSTEE EXPENSE REIMBURSEMENT REQUEST \*\*\*ATTENTION ACCOUNTING DEPT.\*\*\*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Cheque made payable to the above or to: \_\_\_\_\_

### DETAILS OF EXPENSES:

DATE	DETAIL OF EXPENSE	AMOUNT \$
TOTAL		

SIGNATURE: \_\_\_\_\_

CHEQUE NO: \_\_\_\_\_