COMMUTING COST CLAIM FORM ONTARIO MILLWRIGHTS

REIMBURSABLE COMMUTING COSTS STATEMENT OF CLAIM Send to -- Manion, Wilkins & Assoc. Ltd.

222 Rowntree Dairy Road, Unit #4 (3rd Floor) Woodbridge, Ontario L4L 9T2

| Re: | Work Month of | <u> </u> | for Em | ployer No. | | | Telephone: _ | | | - |
|------------------------------|--|---|-----------------------------------|------------------------------------|-------------------------------------|---|---|---|--|---|
| | Millwright Name (Last) (First) | | S.I.N. | Zone #1 24.1-32K No. of Days | Total At \$6.75 Per Day | Zone #2 32.1-40K No. of Days | Total At \$7.90 Per Day | Zone #3 40.1-80K No. of Days | Total At \$13.90 Per Day | Project Name/Location (Must show both) |
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| Total Claimed | | | | | (A) | | (B | 3) | (C) | A+B+C = \$ |
| accu AMC ager clain | O Commuting (Travit appointed by the T | (NAME OF ents were made to rel) Reimbursemo rustees governir nsequences as st | ent Plan. I also on this Fund and | understand that that we are lia | at all claims ar able for any fa | ective Agreem e subject to a lse claims, an | nent and thes ludit by the Ti ly and all fees | e claims are w rustees of the s, costs and ex | vithin the allow AMCO Comm openses assoc | rable amounts under the uting (Travel) Fund or any ciated with any late or false by the Trustees as per the |
| Signature | | | _ | Print Name | | | | Date | | |