

BOARD COST CLAIM FORM ONTARIO MILLWRIGHTS

REIMBURSABLE BOARD 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 _____ for Employer No. _____ Telephone: _____

Millwright Name (Last) (First)	S.I.N.	No. of Days	Board Zone 80.1-120 km \$ 24.00 /day	Board Zone 120.1-160 km \$ 24.00 /day	Board Zone 160.1 km or more \$ 24.00/day	Project Name/Location (Must show both)
Total Claimed			(A)	(B)	(C)	A+B +C= \$

I, as an authorized agent of _____, do hereby certify that the above statement for reimbursement is true
(NAME OF EMPLOYER)

and accurate and that payments were made to the above individuals as per the I.C.I. Collective Agreement and these claims are within the allowable amounts under the AMCO Commuting and Board Costs Reimbursement Plan. We also understand that all claims are subject to audit by the Trustees of the AMCO Commuting (Travel) Fund or any agent appointed by the Trustees governing this Fund and that we are liable for all fees, costs and expenses associated with incomplete or incorrect claims and any other consequences as stated in the Provincial Collective Agreement, Article 17. We understand the Plan may be altered, modified or terminated by the Trustees as per the Trust Agreement at any time.

Signature Print Name Date