Industrial Workers of the World,
Canadian Regional Organizing Committee
PO Box 36042, 1106 Wellington St., Ottawa, ON K1Y 4V3, Canada
iww@iww.ca www.iww.ca

EXPENSE CLAIM FORM

To claim expenses from the IWW Canadian ROC, collect and number your receipts, staple or tape them onto a sheet of paper, and fill out this form. Please print so people can read it. When complete, photocopy this form and the receipt sheet for yourself and send it to the address above.

Name:
Date:
Delegate Number (if relevant):
Branch/Group (if relevant):

Date D/M/Yr	Receipt No.	Expense $	Reason for expense	Checked by (initials)

TOTAL CLAIMED: $

_____ _____
Signature of claimant Signature of CANROC Secretary-Treasurer

_____
Name of claimant
Address to send reimbursement cheque to: