

## **Strike Fund Report**

D

Local Union No.:	Town/City: _	Province:
Date of form completion:		
Payment for the period from:		To:
		(Date)
Comments:		
Members at \$300 per week	(at least 20 ho	ours of approved strike duties) =
		_ hours during the week =
		hours during the week =
		_ hours during the week =
Members at \$15 per hour for	or	hours during the week =
		TOTAL FOR THE WEEK
		t Total A
Balance of local strike fund from p	revious repor	t Total A \$
Any strike income detail:	<b>^</b>	
	\$	
	ቅ ¢	Total B + \$
	Ψ	
		Total C (A+B) \$
Strike expenses detail:		
	\$	
	\$	
	\$	Total D – \$
		Balance of (C-D) \$
Information above is accurate and ver	rified, signed t	his, 20
Chairperson, strike benefits comm	ittee:	
		(print and signature)
CUPE National Representative: National Strike Fund - Form "D"		(print and signature)
Revised September 2016 :nf/cope 491		(F 2 0.9.1444.0)