



**Certification by employee**

I certify that the above information is a true statement of the actual expenses I paid while I was away from my home terminal during 2007.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Part 3 - Employment information** (to be completed by the employer)

1. Is your company's main business the transportation of:      ● goods      Yes       No   
                                                                                         ● passengers      Yes       No
2. What is the name of the collective agreement that governs this employee's employment with your company?  
\_\_\_\_\_
3. Is the employee ever required for his or her job to be away for at least 12 **consecutive** hours from the municipality and metropolitan area (if there is one) where the employee regularly reports to work?      Yes       No
4. a) Is the employee a long-haul truck driver?      Yes       No   
b) If **yes**, is the employee ever required for his or her job to be away for at least 24 consecutive hours from the municipality or metropolitan area (if there is one) where the employee regularly reports to work, or to travel at least 150 kilometers from the employer's establishment to which the employee regularly reports to work?      Yes       No
5. Are subsidized meals available to this employee?      Yes       No       If **yes**, what is the total cost to this employee?      \$ \_\_\_\_\_
6. a) Is the employee entitled to receive an allowance or repayment for:      ● meals      Yes       No       Amount \$ \_\_\_\_\_  
                                                                                         ● lodging      Yes       No       Amount \$ \_\_\_\_\_  
b) How much of the allowance or repayment did you report on this employee's T4 slip?      \$ \_\_\_\_\_

**Certification by employee**

I certify that the information provided in Part 3 is, to the best of my knowledge, correct and complete.

\_\_\_\_\_  
Name of employer (print)

\_\_\_\_\_  
Name of authorized person (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of employer or authorized person