



**OVERTIME MEAL VOUCHER**

Voucher#: \_\_\_\_\_

MNU - \$12.00     MGEU - \$10.00     CUPE - \$12.00

Any extra costs over the allotted amount will be paid by the employee  
(Issued when staff are required to work OT, without advance notice, in excess of 2 hours immediately following the regular shift).

Date of Issue: \_\_\_\_\_ Site: \_\_\_\_\_ Business Staff/Admin initials: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Authorized By Dept. Manager/Designate/Charge Nurse: \_\_\_\_\_

Please present voucher to the Dietary Cashier.  
Valid for food items during cafeteria operating hours. One meal per voucher.  
No cash value. No change issued for unused amount.

Date : \_\_\_\_\_ Dietary Staff Initials: \_\_\_\_\_ Total \$ \_\_\_\_\_



**OVERTIME MEAL VOUCHER**

Voucher#: \_\_\_\_\_

MNU - \$12.00     MGEU - \$10.00     CUPE - \$12.00

Any extra costs over the allotted amount will be paid by the employee  
(Issued when staff are required to work OT, without advance notice, in excess of 2 hours immediately following the regular shift).

Date of Issue: \_\_\_\_\_ Site: \_\_\_\_\_ Business Staff/Admin initials: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Authorized By Dept. Manager/Designate/Charge Nurse: \_\_\_\_\_

Please present voucher to the Dietary Cashier.  
Valid for food items during cafeteria operating hours. One meal per voucher.  
No cash value. No change issued for unused amount.

Date: \_\_\_\_\_ Dietary Staff Initials: \_\_\_\_\_ Total \$ \_\_\_\_\_



**OVERTIME MEAL VOUCHER**

Voucher#: \_\_\_\_\_

MNU - \$12.00     MGEU - \$10.00     CUPE - \$12.00

Any extra costs over the allotted amount will be paid by the employee  
(Issued when staff are required to work OT, without advance notice, in excess of 2 hours immediately following the regular shift).

Date of Issue: \_\_\_\_\_ Site: \_\_\_\_\_ Business Staff/Admin initials: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Authorized By Dept. Manager/Designate/Charge Nurse: \_\_\_\_\_

Please present voucher to the Dietary Cashier.  
Valid for food items during cafeteria operating hours. One meal per voucher.  
No cash value. No change issued for unused amount.

Date : \_\_\_\_\_ Dietary Staff Initials: \_\_\_\_\_ Total \$ \_\_\_\_\_