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**CANADIAN UNION OF PUBLIC EMPLOYEES**

## Expense Voucher

Name: ­ Date Submitted:

Address: ­ Reason for Expense:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Expense **Incurred** | **Full Details of Expense** | **Receipt**  **"R"**  **Attached** | **TOTAL** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL |  |  |

*Please attach necessary receipts and mark "R" in appropriate column where a receipt applies.*

|  |  |  |
| --- | --- | --- |
| Distribution of Charges | | |
| Account | $ | ¢ |
|  |  |  |
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|  |  |  |
|  |  |  |
| Total |  |  |
|  |  |

CERTIFICATE

*This is to certify that the amounts shown on this statement were*

*incurred by me on behalf of CUPE and/or its Local No.*

*Signature:*

*Payment recommended by:*

*Approved by:*

*Paid by Cheque No.:*

Date:

*N18 COPE #491*