

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
	TOTAL		

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

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: _____

Distribution of Charges		
Account	\$	¢
Total		