

EXPENSE VOUCHER

Name _____

Date Submitted _____

Address _____

Phone _____

Date Expense Incurred	Full Details of Expense	Receipt "R"	Total

Please attach necessary receipts to the back of the expense form and mark "R" in appropriate column where a receipt applies.

CERTIFICATE:
 This is to certify that I incurred the amounts shown on this statement on behalf of CUPE and/or its Local 441.

OFFICE USE ONLY Distribution of Charges	
Account	
Total	

Signature _____

Approved by: _____

Cheque No: _____

Dated: _____