



Canadian Union of Public Employees
Local 737



Expense Voucher

Name: _____ Date Submitted: _____

Address: _____ Postal Code: _____

Date(s) for Expense	Full Details of Expense	Receipt Attached	Total

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

Per Diem

Number of days _____ @ \$ _____ Total: \$ _____

Number of days _____ @ \$ _____ Total: \$ _____

Mileage

Total KM's _____ @ \$.51/km Total: \$ _____

This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and/or its Local 737.

Signature _____

Authorization

Treasurer: _____
or Vice-President Name (print) Signature Date

President: _____
or Vice-President Name (print) Signature Date

Date of cheque: _____ Cheque #: _____ Total: \$ _____

Motion # Approving Expenditure: _____ Date of motion: _____