

EXPENSE VOUCHER

Name _____ Date Submitted _____
Address _____ Reason for Expense _____
_____ Phone _____
Postal Code _____ Email _____

***Please note that CUPE BC will be billed for the following dates that I have booked off the job:*

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

Please attach necessary receipts and mark "R" in appropriate column where a receipt applies. Expense vouchers must be submitted within 6 months of when the expense(s) being claimed for were incurred.

CERTIFICATE

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

Signature: _____

Approved by: _____

Paid by Cheque No: _____

Dated: _____

OFFICE USE ONLY	
Distribution of Charges	
Account	
Total	\$