

## EXPENSE VOUCHER

Name:

**Date Submitted:** 

Address:

**Reason for Expense:** 

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

Certificate	Distribution of Charges For office use only		
This is to certify the above-noted expenses were incurred on behalf of CUPE Local 5047.	Account	\$	¢
Signature:	Grievance		
Date:	Executive		
	Operational		
Payment Recommended by:			
Approved by:	Conference/Convention		
Paid by Cheque No:	Bargaining		
	Education		
	TOTAL		