CANADIAN UNION OF PUBLIC EMPLOYEES LOCAL 5269 Expense Voucher

Name:	Phone:	Date Submitted:

Address: _____ Reason for Expense: _____

Date expense Incurred	Full Details of Expense (Please itemize ie: Lunch, Mileage, Parking, etc.)	Receipt "R" Attached	Total

Please attach all necessary receipts and mark an "R" in the 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. <u>5269</u>	Distribution of Charges	
	Account \$	¢
Signature:		
Payment recommended by:		
Approved by:		
Paid by Cheque No.:	TOTAL	
Date:	Submit to: Local 5269 Treasurer	

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