

CUPE LOCAL 608 SOCIAL FUND EXPENSE FORM



Name: _____ Phone Number: _____
Mailing Address: _____
City: _____ Postal Code: _____
Email Address: _____
Reason for Expense: _____

Sub-Unit:	Budget:
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Date Expense Incurred	Full Details of Expense	Receipt "R" Attached*	Total
Total Expenses Claimed:			

**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 was incurred.*

If the full budget wasn't spent please submit a cheque to CUPE Local 608 with the remaining amount.

Cheque Number: _____ Dated: _____ Amount: _____

This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE Local 608.

Signature: _____ Date: _____