CUPE LOCAL 608 EXPENSE VOUCHER

Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ Postal Code: _____

Email Address: _____

Reason for Expense: _____

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.*

****Please email the Treasurer at treasurer608@outlook.com if CUPE 608 will be billed for any work time missed due to union business. Please include the dates, times and reason (education, convention, etc.).****

☐ By checking this box I certify that the amounts claimed on this expense voucher were incurred by me on behalf of CUPE Local 608.

Signature: _____ Date: _____

For Office Use Only

Payment Recommended by: _____

Motion Authorizing Expense: _____

Payment Approved by: _____

Cheque Number: _____

Dated: _____

Distribution of Charges	