CUPE LOCAL 608 EXPENSE VOUCHER



Name:	Phone Number:				
Mailing Address:					
City:	Postal Code:				
Email Address:					
Reason for Expense:					
Date Expense Incurred	Full Details of Expe	ense	Receipt "R" Attached*	Total	
		Total Swage	Claire end		
*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.					
	Treasurer at treasurer608@outlook.com		· · · · · · · · · · · · · · · · · · ·		
	business. Please include the dates, time				
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		Distribution of Charges			
Approved by:					
Cheque Number:					
Dated:					