



# 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 itemized 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.

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: \_\_\_\_\_

Approved by: \_\_\_\_\_

Distribution of Charges	

Paid by Cheque Number: \_\_\_\_\_

Dated: \_\_\_\_\_