EXPENSE FORM

ex: MM/DD/YYYY

Name: _____

Address: _____

Email: _____

Date Submitted: _____

Reason for Expense: Workshop

Date Expense Incurred	Full Details of Expense	Receipt "R" Attached	TOTAL
	TOTAL		

Please attach necessary receipts and mark "R" in 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. 4254.

Signature: _____

Payment recommended by: _____

Approved by: _____

Paid by Cheque No.: _____

Date: _____ ex: MM/DD/YYYY

Distribution of Charges	
Account	$
TOTAL	

kd/cope 491