



# EXPENSE FORM

ex: MM/DD/YYYY

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Expense: **Workshop**

Email: \_\_\_\_\_

| Date Expense Incurred | Full Details of Expense | Receipt Attached         | TOTAL          |
|-----------------------|-------------------------|--------------------------|----------------|
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <input type="checkbox"/> |                |
|                       |                         | <b>TOTAL</b>             | <b>\$ 0.00</b> |

Please attach necessary receipts and check off in the 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                 | \$ |
|                         |    |
|                         |    |
|                         |    |
|                         |    |
| <b>TOTAL</b>            |    |