

Expense Voucher

Name:		
Address:		
City:	ON	

Date of Expense	Details of Expense	Reason for Expense	Receipt Attached	Total Cost \$

Please attach necessary receipts and mark \checkmark in the appropriate column where a receipt is required.

I certify that the amounts shown on this statement were incurred by me on behalf of CUPE Local 5167.
Claimant Signature
Date Submitted:
Payment Authorization Signature*
Date:

Payment Details					
SA Code	Month Accrued	Amount \$			
Total Amo	ount Paid				

^{*}Signing Officers **CAN NOT** <u>authorize</u> their own expenses or <u>sign</u> their own cheques.*