

Expense Voucher

Name _____
 Address _____
 City _____ P.Code _____
 Date _____



Date	Details of Expense	KM	KM \$	Parking	<input checked="" type="checkbox"/>	Other	Total

Please attach necessary receipts and mark 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

Signature _____
 Date Submitted _____

Expense Approval _____
 Date _____

Payment Approval _____
 Date _____

Payment Details		
Notes	SA Code	Amount
TOTAL PAID		

Signing Officers CAN NOT authorize their own expenses or sign their own cheques.