LOCAL 933

CUPE
Canadian Union of Public Employees

EXPENSE FORM

Name:_____ Phone: _____ Date Submitted: _____

Address: _____ Reason for Expense:_____

_____ Unit: _____

Date expense Incurred	Full Details of Expense (Please itemize ie: Lunch, Mileage, Parking, etc.)	Receipt "R" Attached	Total

Please attach all necessary receipts and mark an "R" 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. 933

Signature:_____

Payment recommended by: _____

Approved by: _____

Paid by Cheque No.:_____

Date: _____

Distribution of Charges		
Account	$	¢
TOTAL		

Submit to: **Raylene Fasciani**
Treasurer CUPE 933
c/o 320 Esplande
Sydney, Nova Scotia B1P 7B9