

EXPENSE VOUCHER

Name:	Date:	
Address:	Reason:	
Unit #:		

Receipt Yes / No	Date	Description	Km / #	\$/#	Total	Code
				Total:		

Certificate: This is to certify that the amounts shown on this statement were incurred by me on behalf of C.U.P.E. Local 1867

Signature:

Date:

	RATES	CODES						
Rates:		Code	Code Total	Code	Code Total	Code	Code Total	
Mileage:	Department Rate							
Meals:	Department Rate							
Lodgings:	\$130.00/ night							
Per Diem:	\$30.00 / Sat or Sun							

Payment Approved

Paid by Cheque No.