*** Local 1770***

### Expense Voucher

## NAME OF MEMBER EXECUTIVE POSITION (if applicable)

|  |  |
| --- | --- |
|  |  |

***COMPLETE MAILING ADDRESS DATE OF LEAVE***

|  |  |  |
| --- | --- | --- |
|  | Start: | Finish: |

***DATE OF REQUEST REASON***

|  |  |
| --- | --- |
|  |  |
| **Date Expense Incurred** **(MM/DD/YYYY)** | Full Details of Expenses | **Mileage Rate** | **Receipt Attached****"R"** | **TOTAL** |
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# Please attach necessary receipts and mark « R » in the appropriate column where a receipt applies. A receipt must be included for reimbursement of any meal expense and shall be paid in compliance with CUPE Local 1770 guidelines.

|  |
| --- |
| Distribution of Charges\**\* For Accounting use only* |
| **Account(s)** | $ | ¢ |
|  |  |  |
|  |  |  |
|  |  |  |
|  **TOTAL** |  |  |

This is to certify the above-noted expenses were incurred by me on behalf of CUPE and/or its Local No. 1770.

Member signature:

Date:

Approved by:

Date :

Paid by cheque no.:

 Trustee’s Audit : \_\_\_\_\_\_\_\_\_\_\_\_