EXPENSE VOUCHER

CUPE Local 1978
16 - 3318 Oak Street
Victoria BC, V8X 1R1

Tel: 250-472-1978
Fax: 250-472-1933

Name: _____ Employee No: _____

Employer: _____ Department: _____

Regular Full Time ☐ Regular Part-Time ☐

Date	Reason for Expense	Receipt Attached ✔	Amount
Advance			
Cheque No		**N/A**	
Total Expense			

Distribution of Charges	
Amount	Description

For office use only

CERTIFICATE

This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and /or it's Local No.

Members Signature:_____

Date:_____

Verified by:_____

Date:_____

/lt
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