MILEAGE VOUCHER

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

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

DATE: (dd/mm/yy)	**NAME:**
Address to send cheque	

DATE dd-mm-yy	**FROM** (where did you start)	**TO** (where did you go)	**REASON**	**TOTAL KMS TRAVELED**

Total Kilometres Traveled	
Multiply by $.50/km	
Total Expense	

Distribution of Charges	
Description	Amount
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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