CUPE 1091

Canadian Union of Public Employees Local 1091

Supporting Delta Schools

EXPENSE VOUCHER

Name _____ Date Submitted _____

Address _____ Reason for Expense _____

_____ _____

Date Expense Incurred	Full Details of Expense	Receipt "R" Attached	Total

Please attach necessary receipts and mark "R" in appropriate column where a receipt applies.

CERTIFICATE

This is to certify that I have incurred the amounts listed on this statement on behalf of CUPE Local 1091.

Signature _____

Approved by _____

Approved by _____

Paid by Cheque No _____

Date _____

OFFICE USE ONLY Distribution of Charges	
Account	
Total	$

105 – 7560A Vantage Way, Delta V4G 1H1 | Phone: 604-940-8596 Fax: 604-940-8597 | local1091@telus.net