##

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include postal code and ensure it is legible)

**Personal Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Unit #: 1936 - \_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date expense Incurred** | **Full Details of Expenses (Please itemize i.e.: Lunch, Mileage, Parking, etc.)** *Please attach all necessary receipts*  | **Receipt****“R” attached**  | **Purpose** (convention, education, executive expenses, etc.)  | **Total**  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | TOTAL OF THIS PAGE | $ |

**CERTIFICATE:** This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and/or its Local No. \_\_1936\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Distribution of charges: office use only**

|  |  |  |
| --- | --- | --- |
| Account | Code:  | Amount |
| Salaries  | 03 |  |
| Operating expenses | 04 |  |
| Special purchase | 05 |  |
| Executive expenses | 06 |  |
| Bargaining expenses | 07 |  |
| Grievance/arbitration | 08 |  |
| Committee expenses | 09 |  |
| Conventions/Conference  | 10 |  |
| Education  | 11 |  |
| Donation / Gifts | 12 |  |
| Other | 13 |  |
| TOTAL of this page |  |  |

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Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid by Cheque #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total of Cheque $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_