

CUPE·SCFP

On the front line • Au coeur de l'action

CUPE LOCAL 3912

Dalhousie, Mount Saint Vincent and Saint Mary's Universities

Expense Voucher

Name: _____

Date: _____

Address: _____

Reason for Expense: _____

Date Expense Incurred	Full Details of Expense	Receipt Attached?	TOTAL
Total:			

Please attach necessary receipts and mark a check in the appropriate column where receipt applies.

CERTIFICATE

This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and/or its Local 3912.

Signature

For Office Use:	
Paid by cheque #:.....	Date:
Charge to expense.	