

## **LOCAL 227 EXPENSE VOUCHER**

| NAME OF MEMBER:  |   | PATE SUBMITTED:                                      |                            |     |     |   |
|--|---|--|----------------------------|-----|-----|---|
|  |   |  |                            |     |     |   |
| HOME MAILING ADDRESS:  |   | REASON FOR EXPENSE:                                  |                            |     |     |   |
| Date Expense Incurred (MM/DD/YYYY)  Full Details of Expe   |   | e  | Receipt<br>Attached<br>"R" | то  | TAL | - |
|  |   |  |                            |     |     |   |
|  |   |  |                            |     |     |   |
|  |   |  |                            |     |     |   |
| Please attach nece   | essary receipts and mark "R" in appropria | ite column where a r                                 | eceipt applie              | es. |     |   |
| Certificate  This is to certify the above-noted expenses were Incurred by me on behalf of CUPE and/or its Local No |   | Distribution of Charges*  * For Accounting use only. |                            |     |     |   |
| Member's signature:  |   | Accou  | unt(s)                     |     | \$  | ¢ |
| Payment recommended by:  |   |  |                            |     |     |   |
| Date:  |   |  |                            |     |     |   |
| Approved by:   |   |  |                            |     |     |   |
| Paid by cheque no.:  |   |  |                            |     |     |   |
|  |   | TOTAL  |                            |     |     |   |