

 **Expense Voucher Compte de dépenses**

Name Date Submitted

*Nom*…………………………………………………… *Date de présentation*……………………..

Address Reason for Expense

*Adresse*……………………………………………..… *Raison de dépenses*……………………….

|  |  |  |  |
| --- | --- | --- | --- |
| Date Expense Incurred *Dates des* *Dépenses* *encourues*  |  Full Details of Expense *Détails des dépenses*  |  *Receipt* *“R”* *Attached* *Reçu “R” Inclus*  |   TOTAL  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Please attach necessary receipts and mark “R” in appropriate column where receipt applies. *Veuillez joindre vos reçus et inscrire “R” dans la colonne réservée à cet effet.*

|  |  |  |
| --- | --- | --- |
| Distribution of Charges *Répartition des Frais*  |  |  |
| Account – Compte  | $  | ¢  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  **TOTAL**  |   |   |
|  |  |

CERTIFICATE – CERTIFICAT

This is to certify that the amounts shown on this statement were incurred by

Me on behalf of CUPE and/or its Local …………………………….............…

*Je certifie que les montants ci-dessus ont été dépensés par moi pour le compte du SCFP et/ou de la section locale…………………………………….…………….….*

 Signature………………………………………….………………

Payment recommended by:

*Paiement recommandé par:…………………………………………………….…….*

Approved by:

*Approuvé par:……………………………………………………………………..……*

Paid by Cheque No.:

*Payé par chèque no……………………………………………………….…*

Datee…..*……………………………………………………………………...*

*:mb/opeiu-siepb 491 (November 2000)*