



Canadian Union of Public Employees
(Alberta Division)

GENERAL EXPENSE VOUCHER

NAME: _____

ADDRESS: _____

PURPOSE: _____

CATEGORY: Constitution ___ Motion ___ (Date passed _____) Office ___ Other _____

DATE SUBMITTED: _____

EXPENSES CLAIMED: (LIST DETAILS BELOW – ATTACH RECEIPTS)

EXPENSES				
Date	Description	Receipt #	Amount	Approved Y /N
GRAND TOTAL:				

I hereby certify that the records above are a true and correct record of my expenses.

Date

Signature of Claimant

Recommend for Payment: _____

Approve for Payment: _____

.....
Office Use Only

Cheque # _____

Committee/Meeting Attended: _____