

EXPENSE REIMBURSEMENT

CUPE Local 973



This form is to be completed for union-related transactions that are reimbursable as per the CUPE Local 973 Bylaw and have been paid upfront by the member. **Detailed receipts must be included with this request.** Upon completion, please forward to Lisa Rajmoolie, Treasurer-Secretary.

Member Name: _____ Date Submitted: _____

Address: _____

Reason for Expense: _____

Date Expense Occured	Full Details of Expense	Receipt Attached	Total (incl. tax)
Total Submitted			

I certify that the amount(s) shown on this statement were incurred by me on behalf of CUPE and/or its Local No. 973:

Member Signature:

Payment Recommended by:

Approved by:

Cheque No: _____

Date: _____

Distribution of Charges		
Account	\$	
Total		