EXPENSE REIMBURSEMENT
CUPE Local 973

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

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 here were incurred by me on behalf of CUPE 973:

Member Signature:

_____

Payment Recommended by:

_____

Approved by:

_____

Cheque No: _____

Date: _____

Distribution of Charges		
Account	**$**	
Total		