

# EXPENSE VOUCHER

SASKATCHEWAN DIVISION OF THE CANADIAN UNION OF PUBLIC EMPLOYEES



**NAME:**

**CUPE LOCAL UNION NO.**

**MAILING ADDRESS:** STREET ADDRESS, CITY / TOWN & POSTAL CODE

**EXPENSE DETAILS:**

DATE(S) OF MEETING:

LOCATION OF MEETING: VIA VIDEOCONFERENCE

VIA TELECONFERENCE

IN-PERSON MEETING

FOR IN-PERSON ATTENDANCE, LIST THE FACILITY AND CITY/TOWN MEETING WAS HELD:

REASON FOR EXPENSE:

- MEETING OF THE EXECUTIVE BOARD
- MEETING OF A STANDING COMMITTEE
- INDIGENOUS COUNCIL
- COMMITTEE AGAINST CONTRACTING OUT & PRIVATIZATION
- COMMITTEE AGAINST RACISM & DISCRIMINATION
- ENVIRONMENT COMMITTEE
- GLOBAL JUSTICE COMMITTEE
- OCCUPATIONAL HEALTH & SAFETY COMMITTEE
- WOMEN'S COMMITTEE
- YOUNG WORKERS COMMITTEE
- OTHER MEETING OR REASON, PLEASE INDICATE BELOW:

**ITEMIZE AND EXPLAIN ATTACHED RECEIPTS:**

NAME OF VENDOR / DESCRIPTION	AMOUNT
	\$
	\$
	\$

**TRAVEL:**

TRAVEL FROM: TO: RETURN TRIP

KILOMETRES AT **\$0.45** = TOTAL \$

**HOTEL:** HOTEL WAS BOOKED BY THE DIVISION OFFICE AND DIRECT BILLED

NO. OF NIGHTS IN HOTEL: HOTEL COSTS TOTAL \$  
\*ATTACH HOTEL RECEIPTS

**PER DIEM:**

TRAVEL DAY BEFORE THE MEETING: NO. OF DAYS X \$20 =

IN TOWN: NO. OF DAYS X \$25 =

OUT OF TOWN: NO. OF DAYS X \$45 =

OUT OF PROVINCE: NO. OF DAYS X \$75 =

**LOST WAGES:**

DATE(S) OF LOST WAGES:

NO. OF HOURS FOR LOST WAGES:

Employer will forward bill.

Please pay my Local Union.  
MUST HAVE WAGE VERIFICATION

Cost-Share Program.

Division Program.

**Total number of receipts attached:**

**Total of receipts attached:** \$

**TOTAL OF ENTIRE VOUCHER: \$**

INCLUDING TRAVEL (KILOMETRE RATE), PER DIEMS & ATTACHED RECEIPTS.

DATE OF THIS CLAIM:

SIGNATURE OF PERSON MAKING CLAIM

SUBMIT BY EMAIL TO: [st.cupes@sktel.net](mailto:st.cupes@sktel.net)

SUBMIT BY MAIL TO: CUPE Saskatchewan, 3725 E Eastgate Dr, Regina SK S4Z 1A5

- OFFICE USE ONLY -

AUTHORIZED BY:

AUTHORIZED BY:

CHEQUE NO.

ACCOUNT NO.