

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 **\$30** =

IN TOWN: NO. OF DAYS X **\$30** =

OUT OF TOWN: NO. OF DAYS X **\$50** =

OUT OF PROVINCE: NO. OF DAYS X **\$90** =

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.cupesk@sasktel.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.