

# 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 **\$0.50** = TOTAL \$

**Total number of receipts attached:**

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

**Total of receipts attached:**

\$

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 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](mailto:st.cupesk@sasktel.net)

FAX: 306-757-0102

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.