

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 **\$0.55** = 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 **\$35** =

IN TOWN:

NO. OF DAYS X **\$35** =

OUT OF TOWN:

NO. OF DAYS X **\$60** =

OUT OF PROVINCE:

NO. OF DAYS X **\$95** =

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

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.