NSUPE
EXPENSE VOUCHER

Name: _____ **Date Submitted:** _____

Address: _____ **Reason for Expense:** _____

_____ _____

Date Expense Incurred	Full Details of Expenses	Receipt "R" Attached	TOTAL
	Grand Total		$ -

Please attach necessary receipts and mark "R" in appropriate column where a receipt applies

CERTIFICATE

This is to certify that the amounts shown on this statement were incurred by me on behalf of NSUPE and/or its Local Number _____

Signature: _____

Payment Recommended

By: _____

Approved By: _____

Paid By

Cheque No: _____

Date: _____

Distribution of Charges	
Account	**Amount**
TOTAL	$ -