

## Canadian Union of Public Employees LOCAL 8920 EXPENSE VOUCHER

Name:	Date:			
Address:				
	Phone:			
	g & Travel Time (less th	· · · · · · · · · · · · · · · · · · ·	2 \ /	
	e (4 hours or more) = \$9 r CUPE National) .62 c/km (	•		
Date Expense				Total
Incurred	Reason & Place-			
	MT & T			
	From-To Return:			
	( if more than 10 km from residence)			
		,		
	Reason & Place -			
	MT & T			
	From-To Return (if more then 10 km from residence)			
	(II more then to kin ii	om residence)		
	Paid by Cheque# Date:			
Date	Total Hours Of Lost Wages	Wage Rate	Total (This space for Treasurer)	
	Paid by Cheque #	Date:		]
This is to certify that the amou		(For	Use by Treasurer)	
were incurred by me on behalf of CUPE Local 8920		Distr	<b>Distribution of Charges</b>	
			-	
G				
Revised Date: Septemb	per 24 <sup>th</sup> 2024		ТОТАІ	

Please Scan to email form to <a href="mailto:treasurer@cupe8920.ca">treasurer@cupe8920.ca</a>