



CANADIAN UNION OF PUBLIC EMPLOYEES
Education Worker's Steering Committee
Wage Reimbursement Voucher



Local _____

Date: _____

Address: _____

Reason for Expense: _____

Date of Expense	Full Details of Expense	Reciept "R" Attached	Sub - Total
	Wage for EWSC Executive name:		
	Pay to: Local #		
	Address:		
	City:		
	Postal Code		
	Please include a copy of Your School Board Wage		
	Replacement Cost		
	Invoice #		
		Total	

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

CERTIFICATE

This is to certify that I incurred the amounts shown on this statement on behalf of CUPE EWSC

Signature of person submitting: _____

Payment recommended by: _____

Approved by: _____

Paid by Cheque No.: _____

Date: _____