



CANADIAN UNION OF PUBLIC EMPLOYEES



Education Worker's Steering Committee

Personnal Expense Voucher

Name: _____

Date: _____

Address: _____

Reason for Expense: _____

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

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

Signature: _____

Payment approved by : _____

Payment approved by :

Paid by Cheque No.: _____

Date: _____