



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 | Receipt "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: _____