CUPE·SCFP | Canadian Union of Public Employees
Syndicat canadien de la fonction publique

Local 5524
Expense Form

Name		Complete Mailing address
Cell #	**Local #**	
	5524	
Email address (for e-transfer)		
Event		
Dates		**Event Location**

Date Expense Incurred (MM/DD/YYYY)	Full Details of Expense Including Rationale (i.e. Bylaws; Budget; GMM/SMM with date)	Receipt Attached "R"	TOTAL

Attach your receipts and mark "R" in the appropriate column.

☐ *There are two pages for this expense*

CERTIFICATE

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

Signature: _____

Date submitted: _____

Approved by: _____

Date: _____

Distribution of Charges (to be completed by Secretary Treasurer)		
Account	**$**	**¢**
TOTAL		

Paid by Cheque No.: