



**CANADIAN UNION OF PUBLIC EMPLOYEES LOCAL 454 – DELTA PUBLIC EMPLOYEES
Member Expense Voucher**

I hereby certify that the amounts below were incurred by me on behalf of Local 454.

Name: _____

Week Beginning: _____

Signature: _____

Date: _____

Paid by Cheque No: _____

Authorized by: _____

EXPENSE ITEM	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sub Total
Mileage = Total Km X .72 Cents	km	km	km	km	km	km	km	km \$
Parking/Taxi								\$
Meals								\$
Childcare								\$
Cell Phone Expenses								\$
Miscellaneous								\$
Miscellaneous								\$

**Please complete both sides of this voucher and
attach all receipts to the back.**

Total Expenses: \$ _____

REASON FOR EXPENSES: (e.g. Executive meeting, Bargaining meeting, Seminar, etc.)
Sunday:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:

Please attach receipts here: