

# 2017 CUPE Manitoba Expense Claim Form

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact # \_\_\_\_\_  
\_\_\_\_\_   
Postal Code \_\_\_\_\_

\*Name and Address of whom/where the cheque is to be sent

## PURPOSE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*ENSURE that all minutes pertaining to this expense are attached

Date  
expense  
occurred \_\_\_\_\_  
Location \_\_\_\_\_

SIGNATURE \_\_\_\_\_

APPROVAL \_\_\_\_\_

Signature of Committee Chair or President

## EXPENSES

Travel Day	_____	days	at	_____	=	_____
Per Diem	_____	days	at	_____	=	_____
Mileage	_____	km	at	0.51/km	=	_____
Misc	_____				=	_____
	_____				=	_____
	_____				=	_____
	_____				=	_____

TOTAL: \_\_\_\_\_

Date \_\_\_\_\_  
Account \_\_\_\_\_ President \_\_\_\_\_  
Cheque# \_\_\_\_\_ Sec-Treas \_\_\_\_\_

Recpt's Attached  Motion # \_\_\_\_\_

