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| --- | --- | --- | --- |
| Name |  | Date Submitted |   |
| Address |  | Reason for Expense |  |
| *Committee – which committee should be expensed? KM – Total KM travelled on that date.*  *Receipt – Purchases made must be accompanied by a Receipt. Unit – A, B or D* |
| **Date Incurred** | **Details of Expense** | **Unit** | **Committee** | **KM** | **Receipt****(Y or N)** | **Total ($)** |
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| **Certificate**This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and/or CUPE 4222. |  | **Distribution of Charges** |
|  **Committee / Budget Line** |  **$** |  **¢** |
| Signature |  |  |  |  |
| Committee Chair (s) |  |  |  |  |
| ***Payment Details****Office Use Only* |  |  |  |
| RecommendedBy:  |  |  |  |  |
| Approved By: |  |  |  |  |
| Supported By: *Bylaw/Motion #* |  |  |  |  |
| Cheque # |  |  |  |  |
| Date Paid |  |  |  **Total........................** |  |  |

**Mileage Tracking**

*All mileage subject to verification & explanation*

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| **Date** | **Full Details** | **Unit** | **Committee** | **KM** |
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