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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* | | | | |  | | | |  | |  |
| Recommended  By: | |  | | |  | | | |  | |  |
| 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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