C.U.P.E. - VANCOUVER ISLAND DISTRICT COUNCIL

EXPENSE VOUCHER

Name:		Date Submitted:			
Address:					
Phone:		CUPE Local:			
Cheque Payable	to:				
Reason for Exper Wages will be bill	nse: led as a result	of this expense: If Yes check	k here:		
Date Expense Incurred		ull Details of Expenses	Receipt "R"	Amount	
		Full day Per Diem @ \$86.00 per		\$	
	Half day Per Diem @ \$43.00 per		per	\$	
		Kms @ .55* per KM		\$	
				\$	
				\$	
				\$	
				\$	
				\$	
	Total Expense:	\$			
CERTIFICATION		ertify that the amount(s) show LU.P.E. Vancouver Island Dis Signature: _	strict Council.	ncurred by me on	
Payment recommended by:		Disbursements			
Treasurer, V.I.D.C. Box 338 Sooke BC V9Z 1G1		Charge to Account:	Ar	Amount	
treasurerVIDC@					
		Date: Cheque N	lo: Tc	otal:	