



c/o José van Berkel
815 Agassiz Road
Kamloops, BC V2B 6G9
Phone: 250-490-7787
Email: omdcsectreas@gmail.com

Expense Voucher

Name: _____ Date Submitted: _____

Address: _____ Reason for Expense: _____

Email for E-transfer: _____

Date Expense Incurred	Full Details	KM	"R"	Total

Final Total: _____

Please attach necessary receipts and mark "R" in appropriate column where a receipt applies.

CERTIFICATE

This is to certify that I incurred the amounts shown on this statement on behalf of **CUPE – SIDC**

Signature: _____
(members signature)

Cheque No: _____ **Date:** _____ **Verified:** _____