

| Name Reason for | | Date S | ubmitted | | | |
|--|---|----------------------|----------------------------|---|--------|---|
| Please attach This form is fo | necessary receipts and mark "R" in apport current expenses only: do NOT include either by-law or motion date and number | e any unclaimed futu | | | orm. | |
| Date Expenses Incurred | Full Details of Expense | Authorized by: | Receipt "R" Attached | | Amount | |
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| Total Expense Claimed CERTIFICATE This is to certify that the amounts shown on this Statement were incurred by me on behalf of CUPE and/or Local 3903. Distribution of Charges Account # | | | | | Amount | 9 |
| | | | | *************************************** | | |
| Signature | | | | | | |
| Payment Rec | ommended by: | | | | | |
| Approved by: | | | | | | |
| Paid by Cheque No: | | | | | | |
| Date: | | - I | | | | |
| Prepared by_ | | | | | | |