UNIFOR Local506 | sectionlocale506

EXPENSE VOUCHER

Name _____

Address _____ **Date** _____

_____

City **Province** **Postal Code**

Date	Project	Meeting Room or Lodging	Meals	Transportation		Other	Total
				Common Carrier	Personal Car		
TOTAL							
For Office use only							

PERSONAL CAR TRANSPORTATION RECORD

Date	From	To	To	Number of Km at set rate

NOTES AND EXPLANATIONS OF ACTIVITIES

This is to certify that the amounts shown on this Expense Voucher were incurred by me on behalf of UNIFOR Local 506

Signature X _____ **Signature** X _____

Expenses incurred by Expenses approved by