LOCAL 2262

#104, 2327 - 6TH AVENUE, CASTLEGAR, BC. V1N 2W1
PH 250.365.6745. FAX 250.365.6748

EXPENSE STATEMENT

NAME _____ DATE SUBMITTED _____

ADDRESS _____ REASON FOR EXPENSE _____

_____ _____

_____ PHONE NO. _____

**Please note that Local 2262 will be invoiced for the following days I have booked off the job:

DATE	EXPENSE DETAILS	RECEIPT Y/N	TOTAL
		TOTAL	$ 0

Please attach necessary receipts and mark Y/N on appropriate line where receipt applies.

CERTIFICATE

This is to certify that I incurred the amounts shown on this statement on behalf of CUPE Local 2262

Signature _____

Approved by _____

Cheque No. _____

Date _____

OFFICE USE ONLY	
DISTRIBUTION OF CHARGES	
ACCOUNT	
	$ -
TOTAL	$ -