

**CUPE LOCAL 3324- THE PARAMEDIC'S UNION ON PEI
EXPENSE CLAIM VOUCHER**



Name	
Address	
Telephone #	
Reason For Expense	
Date (s) Of Occurrence	

EXPENSES:

Mileage: *Personal Vehicle Mileage* = \$ _____ (*see below*)
Travel: *Hotel (Room and Taxes only)* = \$ _____ (*attach receipts*)
 Other (Plane Tickets, Tolls, etc.) = \$ _____ (*attach receipts*)
Meal Allowance: *Breakfast @ \$10.00 x _____ days* = \$ _____
 Lunch @ \$12.00 x _____ days = \$ _____
 Dinner @ \$15.00 x _____ days = \$ _____
Other Expenses: *Telephone* = \$ _____ (*attach phone bill*)
 Postage = \$ _____ (*attach receipt*)
 Misc: _____ = \$ _____ (*attach receipt*)
 _____ = \$ _____ (*attach receipt*)

+ _____

TOTAL CLAIM SUBMITTED: _____ = _____

<i>Date</i>	<i>Origination Location</i>	<i>Destination Location</i>	<i>Kms (round trip)</i>
Total Kms			
Rate/km			0.435
Total Paid			\$0.00

CERTIFICATE: *This is to certify that the amounts shown on this statement were incurred by me on behalf of CUPE and/or CUPE Local 3324- The Paramedic's Union on PEI.*

Signature of Submitting Member: _____ *Date Submitted:* _____

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OFFICE USE ONLY: (*Both signatures and applicable receipts required before claim will be paid*)

Authorization Signatures

Area Rep./Exec. Member Recommending Payment: _____

Approved By (President of Local 3324 or designate): _____

Paid by Cheque #: _____ *Date of Payment:* _____

Necessary Receipts Attached? Y N *Cancelled Cheque Rec'd & attached?* Y N