



University of Regina
 Academic Assistants Union
 CUPE 2419
 AH 411.3, 3737 Wascana Parkway
 Regina SK S4S 0A2
 e-mail: cupe2419@uregina.ca
 Website: 2419.cupe.ca

Expense Voucher

Name: _____ Date Submitted: _____

Address: _____ Reason for Expense: _____

Date	Details	R	Amount	Office Use
Total				

Please attach all receipts and check the "R" box.

Certificate: This is to certify that the amount/s shown on this statement were incurred by me on behalf of CUPE Local 2419. Signature: _____

Payment recommended by: _____ Approved by: _____

Paid by Cheque No.: _____ Date: _____