NSUPE Expense Report

Name:		**Period From:**	
Mailing Address:		**Period To:**	

DATE	DETAILS	GROUP	KMS	BRIDGE/ FERRY	MEALS	PARKING	OTHER	RECEIPTS
	Total Kms		0					
Please attach all necessary receipts.	Rate		$ 0.48					
	Subtotals		$ -	$ -	$ -	$ -	$ -	
Certificate							**Grand Total:**	$ -

This is to certify that the amounts shown on this statement were incurred by me on behalf of NSUPE and/or its Local Number _____ .

Signature:_____

Approved:_____

Date:_____