

### NSUPE Expense Report

Name:		Period From:	
Mailing Address:		Period To:	
Email Address:			

Date	Description of Item (include full detail and reason for expense)	Local	KM's	Amount (50.00/km)	Executive Council	Local Business	Local Neg.	Arbit.	Education	CCU	Other
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Receipts must be attached for reimbursement. Copies/scans are accepted. Reports must be submitted at least once per quarter.				Subtotals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Grand Total:</b>										<b>\$ -</b>	

**Certificate**  
 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: \_\_\_\_\_