

NSUPE Expense Report

Name:					Period From:						
Mailing Address:					Period To:						
Email Address:					Advance:		\$0.00				
Date	Description of Item (include full detail and reason for expense)	Local	KM's	Amount (\$0.67/km) Over 5000km	Executive Council	Local Business	Local Neg.	Arbit.	Education	CCU	Other
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		Total Km's	0.0	-							
Receipts must be attached for reimbursement. Copies/scans are accepted. Reports must be submitted at least once per quarter.		Subtotals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		Grand Total:									

Certificate
 This is to certify that the amounts shown on this statement were incurred by me on behalf of NSUPE

Signature: _____

Approved: _____

Date: _____