NSUPE
Nova Scotia Union of Public & Private Employees

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 ($0.73/km) up to 5000km/yr	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.				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
											$ -

Certificate

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

Signature:_____

Approved:_____

Date:_____