

CANADIAN UNION OF PUBLIC EMPLOYEES

LOCAL 2348

EXPENSE FORM

PERSONAL INFO INPUTTED BELOW IS AUTOMATICALLY TRANSERRED TO MILEAGE FORM NAME: PHONE: DATE: _____ UNIT: ADDRESS: REASON FOR EXPENSE: RECEIPT DATE **FULL BREAKDOWN OF EXPENSES** TOTAL Company OCCURED **INCLUDED** П П SUBTOTAL: \$ **TOTAL MILEAGE PAYOUT:** \$0.0000 GRANDTOTAL: \$0.0000 Digital Signature Automatically Added to Mileage Page **APPROVED** SIGNATURE: **APPROVED** CHEQUE #:

BY:



CANADIAN UNION OF PUBLIC EMPLOYEES

LOCAL 2348

MILEAGE FORM

NAME:	PHONE: DATE:			
ADDRESS:	UNIT:			
REASON FOR EXPENSE:				
DATE OCCURED	FULL BREAKDOWN OF MILEAGE	km's @ \$0.58 / km	TOTAL	
			\$0.0000	
			\$0.0000	
			\$0.0000	
			\$0.0000	
			\$0.0000	
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			\$0.0000	
			\$0.0000	
			\$0.0000	
			\$0.0000	
			\$0.0000	
			\$0.0000	
	SUBTOTAL:	\$0	0.0000	
	TOTAL EXPENSE PAYOUT:	\$0	\$0.0000	
	GRANDTOTAL:	\$0	0.0000	
SIGNATURE:	APPROVED BY:			
CHEQUE #:	APPROVED BY:			

