**Mailing Address** 

c/o José van Berkel #2 – 624 Young Street Penticton, BC V2A 5T2

Phone: 250-490-7787

Email: cupe523gen@gmail.com

## **Expense Voucher**

Name:Address:		Date Submitted:Reason for Expense:			
Date Expense Incurred	Full Details		KM	"R"	Total
Final Total:					
Please attach n	necessary receipts and mark "R"				
	<u>CER1</u>	<u> </u>			
This is to certify	that I incurred the amounts sho	wn on this statement o	n behal	f of CUF	PE - OMDC
Signature:	(members	signature)			
Cheque No: _	Date:		Verifie	ed:	